S. HRG. 104–416

THREAT TO TITLE X AND OTHER WOMEN'S HEALTH SERVICES

HEARING

BEFORE A

SUBCOMMITTEE OF THE

COMMITTEE ON APPROPRIATIONS

UNITED STATES SENATE

ONE HUNDRED FOURTH CONGRESS

FIRST SESSION

SPECIAL HEARING

Printed for the use of the Committee on Appropriations

U.S. GOVERNMENT PRINTING OFFICE

22–628 cc WASHINGTON : 1996

For sale by the U.S. Government Printing Office
Superintendent of Documents, Congressional Sales Office, Washington, DC 20402
ISBN 0-16-052525-X

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THREAT TO TITLE X AND OTHER WOMEN'S HEALTH SERVICES

THURSDAY, AUGUST 10, 1995

U.S. SENATE,
SUBCOMMITTEE ON LABOR, HEALTH AND HUMAN SERVICES, AND EDUCATION, AND RELATED AGENCIES,
COMMITTEE ON APPROPRIATIONS,
Washington, DC.

The subcommittee met at 10:07 a.m., in room SD–192, Dirksen Senate Office Building, Hon. Arlen Specter (chairman) presiding.

Present: Senator Specter.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF HON. DONNA SHALALA, SECRETARY

OPENING REMARKS OF SENATOR ARLEN SPECTER

Senator SPECTER. Good morning, ladies and gentlemen.

The hearing of the Appropriations Subcommittee on Labor, Health, Human Services, and Education will now proceed. We are just a few moments late in beginning, because a 10 a.m., vote was called, and we anticipate another vote shortly, so that we will be interrupted, to some extent, and we want to proceed as promptly as possible on this hearing, which will focus principally on the funding of title X, for the need to continue family planning funds for clinics which provide prenatal and preventative health services necessary to protect the health of the mother and the child.

This hearing was scheduled after the Appropriations Committee and the House of Representatives had eliminated all funding for family planning.

Since the time, with the Appropriations Committee and the House acting in that manner, and this hearing was scheduled, the full House has reinstated funding for family planning, but it seemed appropriate to the subcommittee to proceed with the hearing, because the matter has yet to come before the Senate, and it will have to go through conference, and there are a number of other very important issues which are emerging, which are related to women's health care issues, and the freedom for choice for women on the reproductive matter.

Just last Saturday, in a special session, the Senate decided that Federal health insurance programs would not extend coverage to Federal employees on abortion services beyond the life of the mother, rape, and incest.

An amendment was offered for abortion services to be performed for necessary medical reasons, and it was rejected, surprisingly, to me.

The House has zeroed out the Office of the Surgeon General, which is really in response to a confirmation hearing of Dr. Henry Foster, whose only failing, alleged failing, was that he had performed medical procedures authorized by the Constitution of the United States.

And there were many claims made on other matters, but that is what that issue boiled down to. And there has been really an assault on the women's right to choose, from A to Z.

My diligent, imaginative staff prepared the chart which you see there on dismantling a women's right to choose. It was not hard to find 26 items, the letters of the alphabet, to move through on A to Z.

We will have included in the record a listing of those issues. It has been a virtual meltdown of the women's constitutional right to choose, and we will be working on that issue as these proceedings go forward, and this subcommittee will have a very major role in this subject when we proceed with our markup in subcommittee, committee, and going before the Senate, and then in conference, through the report, and the final passage.

We are pleased to welcome here today the very distinguished Secretary of Health and Human Services. Secretary Shalala has been with us on many occasions in the past. I appreciate her keeping us informed.

As recently as last night, the Secretary called me to keep me abreast of current developments in the Department. We are very pleased to have her with us again this morning. Madame Secretary, the floor is yours.

SUMMARY STATEMENT OF HON. DONNA SHALALA

Secretary SHALALA. Thank you very much, Mr. Chairman.

Let me start by saying that I realize that you have announced your intention to run against my boss, but as a woman, as well as a member of this administration, we deeply appreciate your leadership on women and family health issues, and your strong support of a woman's right to choose.

Senator SPECTER. Madame Secretary, on that subject, there are precedents for Cabinet members being retained from one administration to another—even with the change of parties. [Laughter.]

Secretary SHALALA. Some 25 years ago, when the title X family planning program was created with strong bipartisan support, Congressman Robert Taft, Jr., a Republican from Ohio, promised that it would help us take a major step toward meeting the family planning needs of 5.4 million lower income American families.

That is more important than ever today, and when we talk about the Federal Government's only program dedicated to family planning, we need to separate fiction from fact.

There are some who want Americans to believe the title X family planning dollars go to abortion services. Nothing could be further from the truth.

Since the program was enacted in 1970, title X money has been prohibited from being used to pay for abortions. The $193 million

that we are spending on title X in 1995 will provide a range of family planning and prevention health services, like contraceptive devices, and pap smears, and physicals, and blood pressure screening, to over 4 million women and men, in more than 4,000 clinics in every congressional district.

It provides educational materials to hundreds of community groups and religious organizations across the country to help young people say no to sex, and it helps train 250 certified family planning nurse practitioners each year.

When we talk about title X, we have to look at the human faces, the 4 million faces behind the issue. These citizens are our daughters and our sons, our neighbors, and our friends.

They are a newly married couple in Philadelphia, who are finishing their education, and are not ready to start a family; a 30-year-old store clerk in St. Louis who does not have health insurance, and cannot qualify for Medicaid; a 40-year-old mother of two in Greenville, who depends on a title X clinic for her annual gynecological checkups.

These people all have something in common. They may be just one unintended pregnancy away from poverty, from unemployment, and from welfare.

There are some who say that we cannot afford to spend our resources on family planning. We say we cannot afford not to. For every $1 we spend on family planning in this country, we save more than $4 in medical care, welfare benefits, and other social services. That is what we call a good investment.

Unfortunately, the House Appropriations Committee disagreed. They voted to abolish the program, and fold it into the maternal and child health block grant, and the community and migrant health centers program.

We were very pleased, as you were, that the majority of the House recognized that plan for what it was, a big mistake.

It is a big mistake to force title X clinics, sometimes the only provider in a community, to shut their doors and turn off their lights.

It is a mistake to dismantle our family planning system, and send the message that we do not care about clinics that provide low-income men and women with preventive health care.

And it is a mistake to take us down a dangerous road leading to more abortions, more parents and children living in poverty and on welfare, more unintended pregnancies, higher rates of infant morality, and more people living without the security of critical preventive care, like pap smears, mammograms, and screening for sexually transmitted diseases [STD's].

We do not need to turn back the clocks on the health of our families. We need a much different approach.

Together, we must maintain our bipartisan commitment to the families of this country, while giving the States the flexibility they need to prioritize their resources, and to provide services at the local level.

And that is just what we are accomplishing, we believe, with the title X program. We are operating in the profamily tradition, by working to ensure that every pregnancy and every child is wanted.

In the days ahead, all of us will need to keep reiterating what title X is, and what it is not. It is not, nor has it ever been, about

funding abortions. It is not about increasing teen pregnancy, or encouraging teen sexual activity.

Family planning is about preventing unintended pregnancies, about decreasing abortions, about lowering infant mortality rates, about improving the health of families and their children.

It is about ensuring that every pregnancy is a planned one, and that all children are born healthy into loving and supportive families. That is our collective challenge, Mr. Chairman.

This is a great country, because it is a good country. We are good to our people, and we do not play politics with their lives and their futures.

Almost 80 years ago, Margaret Sanger opened a birth control clinic in an extremely poor area of Brooklyn. Women lined up outside the clinic to receive services, and by the end of 9 days, the clinic had seen 464 women.

Shortly after the clinic opened, Margaret Sanger and her two assistants were arrested, and all their supplies and files were confiscated.

Today, we have to ask ourselves whether we want to travel back to those days of darkness. Do we want to go back to the days when poor women got back alley abortions, because they could not afford birth control? Do we want to go back to the days when citizens were not given the tools they needed to control their lives?

Do we want to go back to the days when the health care needs of 52 percent of the population were considered a controversial issue? And do we want to go back to the days when we punished innocent children by making their parents' access to birth control dependent on the size of their wallets?

We cannot, and we must not.

Mr. Chairman, title X is, as you know, and has always been, a bipartisan program, a distinctly American family program. It helps to ensure that every child is a healthy, wanted child. It saves precious resources and precious lives.

It empowers women and men to take personal responsibility for their health and for their families. And it helps us stop the epidemic of unintended pregnancies by preventing them before they happen.

Mr. Chairman, I urge you and the other members of the subcommittee to continue your support for title X as a strong, separate public health service program. The future of millions of women, men, and children hang in the balance.

PREPARED STATEMENT

Thank you for giving me this opportunity to testify, and I would be happy to answer any of your questions at this time.

Senator SPECTER. Thank you very much, Secretary Shalala.

[The statement follows:]

PREPARED STATEMENT OF DONNA E. SHALALA

Good morning, Mr. Chairman and members of the Subcommittee.

Twenty-five years ago, when the Title X Family Planning Program was created with strong bipartisan support, Congressman Robert A. Taft Jr., a Republican from Ohio, promised that it would help us take "a major step toward meeting * * * the family planning needs of * * * 5.4 million lower income American families * * *."

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These citizens are our sons and our daughters, our neighbors and our friends.

They are:

A newly married couple in Philadelphia—who are finishing their education and aren't ready to start a family.

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And, it's a mistake to take us down a dangerous road leading to:

—More abortions;

—More parents and children living in poverty and on welfare;

—More unintended pregnancies;

—Higher rates of infant mortality; and

—More people living without the security of critical preventive care, like pap smears, mammograms, and screening for STD's.

We don't need to turn back the clocks on the health of our families.

We need a much different approach.

Together, we must maintain our bipartisan commitment to the families of America, while still giving states the flexibility they need to prioritize their resources and provide services at the local level.

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Mr. Chairman, I urge you and members of the Subcommittee to continue support for the Title X family planning program as a strong and separate public health service program.

The future of millions of men, women and children hang in the balance.

Thank you for giving me this opportunity to testify. I would be happy to answer any questions at this time.

FAMILY PLANNING AND CHOICE

Senator SPECTER. Madame Secretary, the issue on family planning and choice is often confused with people being viewed as being proabortion, when they are not proabortion, simply because they are prochoice.

Many of those who oppose family planning are very anxious to have as many young people as possible abstain or others abstain from premarital sex, and are very anxious to minimize the incidents of abortion in America.

I would like you to amplify your comments about how family planning helps youngsters, especially, abstain from sex with what instruction family planning gives.

Secretary SHALALA. Well, let me say a couple of things. First of all, whenever we are dealing with young people, abstinence ought to be the first thing that we talk to them about. It ought to be the centerpiece of counseling for young people, and the Department has done that through both the title X program as well as with the other programs that we support in the Department.

The conversation with a young person ought to be a conversation not only about putting off sexual activity, but about the responsibilities of having children when they are both emotionally and financially prepared to support those children. That has to be very much part of the conversation with young people.

When I indicated that the title X program prohibits the use of the funds for abortion, this does not mean that we should not have honest and straightforward nonjudgmental, nondirective conversations with young people about their own lives and about when it

is appropriate to consider bringing children into this world, and I think all of us who work with young people must be committed to that.

Senator SPECTER. Well, specifically, Madame Secretary, what do the family planners do, to the extent you know, about promoting abstinence?

Secretary SHALALA. Well, they have very specific conversations with young people and with young adults that come into the family planning clinics.

Senator SPECTER. Is there anything in the——

Secretary SHALALA. They provide them with information——

Senator SPECTER [continuing]. Printed materials.

Secretary SHALALA. Yes; we do distribute printed materials, which I would be happy to provide to the committee, specifically on abstinence, for example, and specifically to get young people to think through their behavior.

With me today I have, "If You Think Saying No is Tough, Just Wait Until You Say Yes."

I think this says the same thing in Spanish, though, I am not certain. [Laughter.]

Senator SPECTER. I see what you are saying.

Secretary SHALALA. The other pamphlet talks about respecting yourself, be confident, have a mind of your own. Some of this is strengthening a young person's own identity, and their own ability to deal with these issues.

Many of the teenage prevention programs focus very much on strengthening a young person's ability to negotiate through their relationships with each other, so that they can put off sexual activity, and put off having children before they are both emotionally and financially ready.

I myself, as you know, have been deeply involved in one of the most successful programs in New York City. It was a program that focused on strengthening young people, in terms of their ability to see the future as well as their understanding of the responsibilities of parenthood, and how it was inappropriate at a young age to take on these responsibilities.

Senator SPECTER. Madame Secretary, if family planning funds were eliminated, what would be the impact, in your judgment, on increasing the abortion rate?

Secretary SHALALA. There is little doubt in our minds that title X family planning activities in this country represent the glue for nationwide family planning efforts.

We believe that there would be a significant increase in unintended pregnancy if family planning services were not available to low-income families in this country.

Senator SPECTER. Well, Madame Secretary, you talk about lowering the infant mortality rate.

Can you amplify your comments about the impact on the infant mortality rate without family planning, and the impact on low-birth-rate babies?

Secretary SHALALA. Family planning, combined with prenatal care, is important in getting women, particularly those from low-income families who do not have access to insurance and high quality health care, in early enough, so they understand they need to

have healthy bodies, and to do some things in the process of making a decision to have a child.

Low birth rate is related to smoking, to not being in the best health, to not having proper health care and other services. We know that in this country our family planning investment has had, we believe, a significant effect on reducing both infant mortality, as well as low-birth-rate babies, because it connects families with other kinds of important services.

Senator SPECTER. This committee has done a great deal of work, as you know, Madame Secretary, on the issue of low-birth-weight babies.

The 1-pound babies, thousands born each year, cost, by the time they leave the hospital, $200,000, human tragedies, carrying scars for a lifetime, and a very heavy financial burden, thousands born each year, and multibillion-dollar costs to our society.

What would the impact, in your judgment, be on the issue of low-birth-weight babies, absent funding for family planning?

Secretary SHALALA. Well, we would be talking about literally millions of American families who would not have access to the kind of health care that is often provided by family planning clinics. And we would, in my judgment, significantly increase the number of low-birth-weight babies, because those health services would not be available.

Title X family planning funds as I said before, are really the glue for bringing together a range of health care services, including prenatal care, to low-income men and women who might otherwise have no health.

There are still almost a million women in this country who get no prenatal care or family planning prenatal care services, and they are the women most likely and most at risk to give birth to low-birth-weight babies.

Senator SPECTER. Madame Secretary, the Rayburn Health Human Service bill, as passed by the House, prohibits any funding for the Office of Surgeon General, and that is a very important office, which comes under your Department.

There have been very, very distinguished Surgeons General who have had a great impact on many medical problems in this country, smoking, AIDS, just to name two.

What would the impact be on health care in America if the Office of Surgeon General were to be eliminated by defunding?

Secretary SHALALA. Well, as you know, the citizens of this country have grown accustomed to looking at the Surgeon General for advice and for guidance on maintaining good health.

We believe that it is critical to have one individual who focuses on publicly promoting healthy living, and historically, this person has been the Surgeon General.

The Surgeon General is thought of as the people's doctor, a public health leader who educates the public, and who promotes healthy habits. For all of us who believe that even in a limited government, the appropriate role of the national Government is to promote prevention, the Surgeon General really is the linchpin for those prevention activities.

The Office of Surgeon General is relatively inexpensive. It is about $800,000, which is not a big expense for a big payoff. We

would urge the committee to not eliminate the Office of Surgeon General.

Senator SPECTER. In 1977, the Office of the Assistant Secretary of Health and the Surgeon General positions were combined.

Given the merger of the Office of the Assistant Secretary of Health with the Office of Secretary, are there any plans to once again combine these positions?

Secretary SHALALA. First, let me reiterate our commitment to have a very strong spokesperson on public health, and in particular, on healthy living.

We are in conversation with our authorizing committee, and with you, and with your committee members about what is the appropriate role for a senior health advisor to the Secretary, and a public health spokesperson for the country, and we would like to continue those conversations.

I do not think that any of us think we have the perfect answer. But in this world of more limited government, I think that we ought to have conversations about how those two may fit together.

Senator SPECTER. Well, we have had Surgeons General of the competence of Luther Terry, who served back from 1961 to 1965, who was a leading spokesman on the tobacco issue, and Dr. C. Everett Koop, who served from 1981 to 1989, and many, many others who have done a very outstanding job, and it would be my hope that we would retain the Office of Surgeon General, and that there would not be a momentary reaction to the debate on Dr. Henry Foster, not that anything about that debate would warrant the elimination of the office.

Secretary SHALALA. We agree, Mr. Chairman.

Senator SPECTER. Madame Secretary, what would the impact be if the action of the House of Representatives on stopping funding for—would it be if they were stopping funding on human embryo research?

Secretary SHALALA. Well, in our judgment, it would really be quite devastating. The first section of the provision reiterated the President's directive, which prohibited the deliberate creation of human embryos for research purposes.

But the second section went way beyond that, to ban research with embryos, and parthenotes which are the eggs that begin dividing without fertilization with sperm, and stop at a very early point. It would foreclose a number of areas that hold tremendous promise for improving human health, such as the treatment of infertility, preventing birth defects, understanding the role that all of this plays in causing cancer, and studying the embryonic stem cells, which could lead to a new source of universally compatible cells for transplantation to treat a wide range of diseases, like leukemia, sickle cell anemia, Parkinson's disease, and spinal cord injury.

The provision would prohibit nearly all the research on human embryos. We believe that this would be unfortunate. We think that the ethical issues have not only been researched, but are well covered, and that careful research in this area is needed.

This research is fundamentally focused on helping families to have healthy children, as well as the other diseases that would be impacted, and we do not believe that it is appropriate to restrain that research in any way.

Senator SPECTER. Madame Secretary, the House has also passed, although not in the bill of this subcommittee, a prohibition against the Federal Government paying for the abortion of a woman who is in a Federal prison.

What recourse does a woman in a Federal prison have if she is the subject of a rape and becomes impregnated if the Federal Government will not pay for the abortion services?

Secretary SHALALA. This provision makes an exception in cases of rape or if the mother's life is endangered.

Senator SPECTER. Well, if she can find the money to pay for it herself, do you know what arrangements are possible, to leave the prison?

Secretary SHALALA. The legislation states: "Nothing * * * shall remove the obligation of the Director of the Bureau of Prisons to provide escort services necessary for a female inmate to receive such services outside the Federal facility." In other words, if an inmate could make the arrangements herself, and pay with private funds, she could receive an abortion outside the prison. However, this seems to me fairly unlikely to happen very often.

Senator SPECTER. That particular prohibition has always astounded me, when you have Federal funding allowed, for example, for rape, even under the restricted action taken by the Senate on Saturday, where we prohibited Federal insurance coverage being applicable, where it is necessary for the health of the mother, as determined by the physician.

But what happens with the rape of a woman in prison, which is not an extraordinary event, and she becomes impregnated? What does she do?

Secretary SHALALA. As I said earlier, the provision makes an exception for rape.

Senator SPECTER. And the House has also passed legislation which intrudes upon the ability of medical school accrediting agencies to establish standards which require that such accredited schools train people in obstetrics and gynecology in the performance of abortions. What is the impact of that legislative provision, in your judgment?

Secretary SHALALA. Well, first of all, it constitutes an extraordinary intrusion by the Government into the process for setting academic medical standards in this country, which ought to be left to the professionals in the medical field. That has always been the province of States.

This amendment, we believe, would create a lot of confusion and disruption in our own program management, and in the States. It is poorly drafted. It is confusing. It is very difficult to know how broadly it will reach.

But let me also say that this policy of restricting the training would disrupt what we believe is an appropriate training program set up by health professionals. Not all abortions are induced, some women, unfortunately, have miscarriages, and the life of the mother, which still is a provision which is going to be retained into law, requires that physicians in training have some training in this area.

Senator SPECTER. Madame Secretary, the House has also passed legislation which prohibits abortions on U.S. military installations overseas.

And the questions arises, with the thousands of women who are in the military, what provisions are made for them on the exercise of their constitutional right of choice?

Secretary SHALALA. Well, the tragedy for women in the military would be that their health care needs would not be provided for, while men's health care needs would be provided for.

Senator SPECTER. Do you think there is a little denial of equal protection there?

Secretary SHALALA. I am not a lawyer——

Senator SPECTER. Do you have to be?

Secretary SHALALA [continuing]. Senator Specter, but you do not have to be to see that there is a fundamental unfairness in the provision of unequal health care in the American military, if that were to go forward.

Senator SPECTER. Well, I will run down just a list of what is happening, no right to choice on Federal employees provisions, a woman in the Federal penitentiary who is raped cannot have an abortion paid for at Federal expense, women in the military, unequal protection, their health care needs are not being provided for, the Office of Surgeon General is being abolished.

At every turn, the woman's constitutional right to choose is being subjected to a meltdown, and the question is: What are we going to do about it?

Secretary SHALALA. Well, I think what we need to do is to make sure that the American people understand that this is an unbelievable assault on American women, that it is a fundamental decision to give American women a lesser and a weaker provision of health care than others, that it is clearly something that the Congress should not be doing, and that we hope that the leadership of the Senate will not follow through with the recommendations of the House.

Senator SPECTER. When you say to inform the American people, the House has also passed legislation which prohibits the use of even private money on any organization which has any public funds, where they write or publish information that might be used to influence governmental policy on abortion.

So not only are these policies being put into effect, but there are even limitations on informing the American people as to what is happening, and the exercise of speech on that important issue.

Secretary SHALALA. Clearly, that raises constitutional issues, as you had pointed out before.

Senator SPECTER. I thought you said you were not a lawyer, Madame Secretary. [Laughter.]

Secretary SHALALA. I heard you say it before, Senator.

Senator SPECTER. Well, we have a vote in process. I very much appreciate your coming in, and we have a very distinguished panel which will follow you. So we will take a very brief recess until I have a chance to vote.

Secretary SHALALA. Thank you, Senator.

[A brief recess was taken.]

NONDEPARTMENTAL WITNESSES

STATEMENT OF JUDITH DeSARNO, PRESIDENT, NATIONAL FAMILY PLANNING AND REPRODUCTIVE HEALTH ASSOCIATION

Senator SPECTER. The hearing will now reconvene.

We welcome a very distinguished panel, in alphabetical order, Ms. Judith DeSarno, president of the National Family Planning and Reproductive Health Association; Dr. Leon Eisenberg, chairman of the Committee on Unintended Pregnancy, the National Academy of Sciences, and professor of social medicine emeritus, at the Harvard Medical School; Ms. Barbara Maves, executive director of Planned Parenthood of East Central Indiana, Planned Parenthood Federation of America; Ms. Kathleen Turner, chair of the National Board of Advocates for the Planned Parenthood Federation of America; and Mrs. Charmaine Yoest, adjunct fellow of the Family Research Council.

All statements which have been submitted will be made a part of the record, and we would appreciate your summarizing it to leave the maximum amount of time for dialog.

We will begin with Ms. Judith DeSarno, president of the National Family Planning and Reproductive Health Association. Ms. DeSarno, the floor is yours.

Ms. DESARNO. Thank you. Good morning.

My name is Judith DeSarno, and I am president and CEO of the National Family Planning and Reproductive Health Association.

For 25 years, NFPRHA has represented the full range of family planning providers funded by the title X program. These clinics provide services to more than 4 million women, at over 4,000 sites across the United States each year.

For our patients, reproductive health care is primary health care. For many women who receive family planning in title X clinics, that clinic is their only source of health care.

Title X clinics provide health care and referral services for women who would otherwise fall through the cracks. You know them, they are the working poor, the uninsured, and adolescents. In many instances, they are one pregnancy away from losing self-sufficiency.

While we are thrilled at the decision of the House last week to include funding for the program for fiscal year 1996, we recognize that there may still be battles ahead in the Senate, and some of the purposeful misinformation that fueled the House debate will be recycled for consumption by the Senate. So I welcome this opportunity to set the record straight.

The Christian Coalition, the Family Research Council, the National Right to Life Committee, among others, are seeking to take away the fundamental ability of American women to determine when and whether to have a child.

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Appropriations Committee chairman, Robert Livingston, left no doubt that he was doing the bidding of the Christian Coalition and the radical right when he publicly declared it was payback time, as he spearheaded the thankfully unsuccessful effort to dismantle title X in the House.

The radical right has adopted a unified, albeit false, message that there is no distinction between family planning and abortion, when, in fact, not a penny of title X funds are used to pay for abortions.

Their goal is to demonize Planned Parenthood, which is consistently and wrongly portrayed as the sole provider of services funded by title X.

In reality, Planned Parenthood receives only about 16 percent of program dollars, with over one-half of program funds going to State and local health departments.

The radical right has even gone so far as to blame title X for increases in out-of-wedlock births, a claim that is somewhat akin to attributing increases in crime on the presence of a police force.

The fact that this outcry comes at a time when there is near universal concern over the high rate of unintended and out-of-wedlock pregnancies, particularly among teens, strikes me as just plain ludicrous.

In fact, the House welfare reform bill lists as one of its three priorities the reduction in out-of-wedlock births, while at the same time, expressly prohibiting welfare dollars from being spent for medical services.

I think we need to be concerned about these conflicting messages that Congress is sending to America.

The latest attack on women's access to reproductive health care is included in Senator Gramm's all-encompassing welfare reform bill, which I understand seeks to zero out all funding for title X, and give all of the program funds to States for abstinence and adoption programs.

As this indicates, even Senator Gramm himself does not believe that abstinence alone is a realistic expectation, as witnessed by the inclusion of adoption as the backup method.

Another point I must address is the specious argument advanced in the House that zeroing out title X funding and shifting 60 percent of the funds to maternal and child health programs, and 40 percent to community health block grants, will reduce duplication and somehow preserve family planning services.

Although, these programs provide vital health services, community health centers do not consider family planning a priority service, and in reality, MCH and title X programs serve very different populations.

The vast majority of women served by MCH programs are either pregnant or are mothers. Title X, on the other hand, is unique, in that it provides services to many poor women before they become pregnant.

I would also like to add, however, that the decision of the House Appropriations Committee to pit small health programs that serve poor populations against each other and the competition for limiting dollars is both cynical and shameful.

What our country needs now is a strong sense of moral leadership on the issue of women's health and access to care, leadership that will give women the opportunity to make personally responsible decisions.

Family planning and reproductive health care translates into financial savings for our country, for a lessening in the need for abortion, and is part of the solution to welfare dependency.

More importantly, family planning and reproductive health care translates into healthy mothers, healthy babies, and healthy families.

We must continue to recognize that there are few things more important to the future health of this country than giving all children a chance to be born to parents ready and able to assume the incredible responsibilities of parenting, and what could be more conservative than that.

President Nixon, in his 1969 message on population growth in the American future, declared that no American woman should be denied access to family planning assistance, because of her economic condition.

I believe, therefore, that we should establish as a national goal the provision of family planning services to all who want, but cannot afford them. This statement remains as valid today.

We cannot let a small, yet vocal group of extremists advance an agenda which does not reflect the core values of mainstream America.

PREPARED STATEMENT

Thank you, Mr. Specter, for your leadership on this issue. You have been terrific on this issue, and we applaud you for it.

We look forward to working with you to ensure that the title X family planning program continues to provide vital preventive health services.

Senator SPECTER. Thank you very much, Ms. DeSarno.

[The statement follows:]

PREPARED STATEMENT OF JUDITH M. DESARNO

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The Christian Coalition, the Family Research Council, the National Right to Life Committee, among others, are seeking to take away the fundamental ability of American women to determine when and whether to have a child. Appropriations Committee Chairman Robert Livingston left no doubt that he was doing the bidding of the Christian Coalition and the radical right when he publicly declared that it

was "payback time" as he spearheaded the, thankfully unsuccessful, effort to dismantle title X in the House.

The radical right has adopted a unified—albeit false—message that there is no distinction between family planning and abortion, when in fact, not a penny of title X funds are used to pay for abortions. Their goal is to demonize Planned Parenthood, which is consistently—and wrongly—portrayed as the sole provider of services funded by title X. In reality, Planned Parenthood receives only about 16 percent of program dollars, with over half of program funds going to state and local health departments. The radical right has even gone so far as to blame title X for increases in out-of-wedlock births—a claim that is somewhat akin to attributing increases in crime on the presence of a police force.

The fact that this outcry comes at a time when there is near universal concern over the high rate of unintended and out-of-wedlock pregnancies, particularly among teens, strikes me as just plain ludicrous. In fact, the House welfare reform bill lists as one of its three major priorities the reduction in out-of-wedlock births, while at the same time expressly prohibiting "welfare" dollars from being spent for medical services. I think we need to be concerned about these conflicting messages that Congress is sending to America.

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I would also like to add, however, that the decision of the House Appropriations Committee to pit small health programs that serve poor populations against each other in the competition for limited dollars is both cynical and shameful.

What our country needs now is a strong sense of moral leadership on the issue of women's health and access to care—leadership that will give women the opportunity to make personally responsible decisions. Family planning and reproductive health care translates into financial savings for our country, for a lessening in the need for abortion, and is a part of the solution to welfare dependency. More importantly, family planning and reproductive health care translates into healthy mothers, healthy babies, and healthy families. We must continue to recognize that there are few things more important to the future health of this country than giving all children a chance to be born to parents ready and able to assume the incredible responsibilities of parenting. What could be more "conservative" than that?

President Nixon, in his 1969 Message on Population Growth and the American Future, declared that "no American woman should be denied access to family planning assistance because of her economic condition. I believe, therefore, that we should establish as a national goal the provision of family planning services * * * to all who want but cannot afford them." This statement remains as valid today.

We must not let a small, yet vocal group of extremists advance an agenda which does not reflect the core values and beliefs of mainstream America.

Thank you Mr. Specter and members of the subcommittee. We look forward to working with you to ensure that the title X family planning program continues to provide vital preventive health services.

STATEMENT OF LEON EISENBERG, M.D., CHAIRMAN, COMMITTEE ON UNINTENDED PREGNANCY, NATIONAL ACADEMY OF SCIENCES INSTITUTE OF MEDICINE, AND PROFESSOR OF SOCIAL MEDICINE EMERITUS, HARVARD MEDICAL SCHOOL

Senator SPECTER. We turn now to Dr. Leon Eisenberg, chairman of the Committee on Unintended Pregnancy, professor of social medicine emeritus, Harvard Medical School.

Dr. Eisenberg, before we turn the light on for you, would you define social medicine for us?

Dr. EISENBERG. It is an effort to make sure medical students understand that the context in which patients live has a good deal to do with whether they stay healthy or get sick, so that it is a broader social world.

As you know, Senator, there is a remarkably close correlation between wealth and health. The more money you have, the more likely you are to be relatively well; the less money you have, the more likely you are to be sick.

Teasing out what it is about wealth and education, that together increase the likelihood of staying well, is part of the challenge of our research.

Senator SPECTER. Is social medicine a subject unique to Harvard?

Dr. EISENBERG. No; a number of medical schools around the country have it.

Senator SPECTER. Yale?

Dr. EISENBERG. It is not a specialty. I think Yale does, and others. [Laughter.]

Senator SPECTER. Your time begins now, Doctor. [Laughter.]

Dr. EISENBERG. As mentioned, I chaired a 2-year Institute of Medicine study on unintended pregnancy called "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families."

A summary has been made available to the committee, and I ask that it be included in the record.

Senator SPECTER. It shall be.

Dr. EISENBERG. Now, almost 60 percent of all pregnancies in the United States are unintended and unplanned at the time of conception. That is a percentage appreciably higher than that for most other Western democracies.

Senator SPECTER. Did you say 60 percent?

Dr. EISENBERG. Yes; 60 percent. Of the 5.4 million pregnancies in 1987, 3.1 million were unintended. Now, of those 3.1 million unintended pregnancies, about one-half ended in abortion, 1.6 million, and one-half, 1.5 million, in a live birth.

Now, that is an incredible fact. No other country has as high a ratio of abortions to live birth as we have.

And among subgroups of our population, the numbers are even higher. Over 80 percent of pregnancies to teenagers and to unmarried women are unintended. But it is not just young, unmarried women who are having unintended pregnancies.

Some 40 percent of pregnancies to married women, and 77 percent of pregnancies to women 40 and older are unintended. The important point is that women and men, since it takes two, of all ages are having trouble in controlling their fertility.

Now, one of the reasons we have such high rates in the United States is that through a combination of financial and structural factors, our health system makes access to prescription-based methods of contraception, a complicated, expensive proposition.

Private health insurance often does not cover the costs of reversible contraception, and the various restrictions on Medicaid eligibility make it an unreliable source of steady financing for contraception, except for very poor women who already have a child.

Among the means of reducing financial barriers, title X assumes major importance. In 1994, more than 4,000 family planning clinics receiving title X funds served approximately 4.5 million.

You have heard those numbers before, the majority of those clients were poor, a third were adolescent. Most were provided with a broad array of primary care and reproductive health services.

Title X has a long history of offering general health care to many women, and some men, because in a number of because, there are few alternative providers.

Our committee concluded that whatever the current antagonism to title X, the important role that it has performed in supporting contraceptive care and combating unintended pregnancy must be recognized.

It is essential that such public investment be maintained as part of the overall effort to help men and women both avoid unintended pregnancy and achieve their reproductive goals. That is the positive side, having the child when you are ready and when you can take care of it appropriately.

Our report was completed, of course, before the events of recent weeks, in which title X has been threatened with extinction.

And our study leaves no doubt that if the anger directed at title X, and it seems to be true, is fueled by antiabortion fervor, the anger is entirely misguided. The vast majority of abortions are sought to resolve unintended pregnancies.

Nobody goes in for an abortion for a child they would have wanted. Widespread use of effective contraception reduces unintended pregnancy, and, therefore, abortion.

Accordingly, programs such as title X that help women and men gain access to the most effective available methods of birth control merit support, including support from foes of abortion.

High levels of unintended pregnancy have serious consequences. A woman with an unintended pregnancy is less likely to seek early prenatal care. She is more likely to expose the fetus to harmful substances, such as alcohol and tobacco.

A child resulting from an unwanted conception is at great risk of being born at low birth rate, which has its consequences, of dying in its first year of life, of being abused later in life, because it was not wanted, and of not receiving sufficient resources for healthy development.

This morning's newspaper carries a tale showing the children from large families, all other things being equaled, achieve less well in school, because there is less parental time and investment in developing their intellectual capacities.

Women who have unintended pregnancies are at greater risk of depression, that is the psychiatric disorder, and of physical abuse from their mates or husbands, and their relationship with their partners is at greater risk of dissolution.

Both mother and father may suffer economic hardship and may fail to achieve their educational and career goals.

Our major conclusion is that the extent of unintended pregnancy and its serious consequences are poorly appreciated by most Americans. Considerable attention is now focused on teenage pregnancy, and nonmarital child bearing.

Controversy and violence persist over abortion, but the common link among all these issues, pregnancy, unintended at the time of conception, is invisible in the current debate.

Now, reducing unintended pregnancy will require a new national understanding about the problem and a new consensus that pregnancy should be undertaken only with clear intent. I am all for a moral crusade, a moral crusade to make every child that is born a wanted child.

We recommend first and foremost that the Nation adopt this as its social norm. To build a national consensus around this norm, our committee has recommended a multifaceted, long-term campaign to educate the public about the major social and public health burdens of unintended pregnancy, and to stimulate a set of comprehensive activities at national, State, and local levels, to reduce such pregnancies.

The goals we suggest are improving knowledge about contraception, unintended pregnancy, and reproductive health, increasing access to contraception, addressing the major roles that feelings, attitudes and motivation play in using contraception and avoiding unintended pregnancy, scrupulously evaluating local programs to reduce unintended pregnancy, and stimulating research to develop new contraceptive methods for both women and men.

The fact is that even among people using contraceptives, and fairly religiously, there are failure rates, because present methods are not fully adequate.

Many companies are resistant to investing funds in contraceptives, because of the boycotts that are threatened to them, and because of the risks of suit, and we think there is a Federal role for supporting the effort to get more contraceptives. Not to have a baby requires a lot of effort.

I would ask the committee members to consider how many teenagers would get pregnant if you had to take a pill for 20 days running in order to have a baby.

I do not know how to change it around that way, but I certainly would love to, if I could. I am not in favor of—I think sex education in schools should not be limited to the gymnastics and athletics. It ought to be about love and caring.

What we have is a country in which teenage sex is profligate, not rare. It happens in other parts of the world.

They do not know what they are doing, and the result is we have a rate of teenage pregnancy—the United States has more teenage pregnancies, more teenage abortions, and more teenage live births than any other country in the world.

PREPARED STATEMENT

In a country like Sweden, which has more adolescent sex—I am not bragging about it; I am reporting it—than we have in the United States, according to the best data, has much less teenage pregnancy, because they know how to prevent pregnancies.

Thank you, Mr. Chairman.

Senator SPECTER. Thank you very much, Dr. Eisenberg.

[The statement follows:]

PREPARED STATEMENT OF LEON EISENBERG, M.D.

Good afternoon. My name is Leon Eisenberg. I am Professor of Social Medicine Emeritus at Harvard Medical School. I chaired a two year Institute of Medicine/National Academy of Sciences study on unintended pregnancy, entitled "The Best Intentions: Unintended Pregnancy and the Well-Being of Children and Families." I have a summary of that report, rafted under the guidance of a 13 member committee of experts, which I would like to submit for the record. This report assesses recent trends in unintended pregnancies; summarizes data on the consequences of these pregnancies for children and families; and outlines a series of practical steps to reduce the proportion of pregnancies that are unintended at conception.

One of the key findings is that almost 60 percent of all pregnancies in the U.S. are unintended-unplanned-at conception, a percentage appreciably higher than many other Western democracies. Of 5.4 million pregnancies in 1987, 3.1 million were unintended, of the unintended pregnancies half (1.6 million) ended in abortion and half (1.5 million) in a live birth. Among subgroups of our population, the numbers are even higher. For example, over 80 percent of pregnancies to teenagers and to unmarried women are unintended. But it is not just young, unmarried women who are having unintended pregnancies. Forty percent of pregnancies to married women and 77 percent of pregnancies to women 40 and older are unintended. The important point is that women and men of all ages are having trouble in carefully controlling their fertility.

The committee recommended a number of remedies for addressing this problem, and reducing financial barriers to reproductive health care is high on the committee's list. We have concluded that one of the reasons we have such high rates of unintended pregnancy in the United States is that, through a combination of financial and structural factors, our health care system makes access to prescription-based methods of contraception a complicated, sometimes expensive proposition. Private health insurance often does not cover the costs of reversible contraception and the various restrictions on Medicaid eligibility make it an unreliable source of steady financing for contraception except for very poor women who already have a child. Furthermore the net decline in public investment in family planning services—in particular, those supported by title X of the Public Health Service Act—in the face of higher costs and sicker patients, may have decreased access to care for those who depend on publicly financed services, particularly adolescents and low-income women who report especially high rates of unintended pregnancy.

Among the efforts to reducing financial barriers to care, title X assumes major importance. In 1994, more than 4 thousand family planning clinics receiving title X funds served approximately 4.5 million women, up from 3.8 million served in 1981. The majority of these clients were poor and about one-third were adolescent. Most were provided with a broad array of primary and reproductive health services. The title X program has a long history of offering general health care to many women, and some men, because in a number of communities there are few alternative providers of primary care. Title X clinics have even served as models of comprehensive care, setting the standard for both public and private gynecological services.

Our committee concluded, and here I quote, "Whatever the current antagonism to title X, including suggestions that it be severely reduced, block granted or even dismantled, the important role that it has performed in supporting contraceptive care and combatting unintended pregnancy must be recognized. It is essential that such public investment be maintained as part of the overall effort to help men and women both avoid unintended pregnancy and achieve their reproductive goals."

Our report was completed before the events of recent weeks in which title X has been threatened with extinction. Our study leaves no doubts that IF the anger directed at title X is fueled by anti-abortion fervor, the anger is misguided. The vast majority of abortions are sought to resolve unintended pregnancies. Widespread use of effective contraception reduces unintended pregnancy. Accordingly, I believe that programs such as title X that help women and men gain access to the most effective methods of birth control merit widespread support, including support from foes of abortion.

High levels of unintended pregnancy have serious consequences. A woman with an unintended pregnancy is less likely to seek early prenatal care and is more likely to expose the fetus to harmful substances including alcohol and tobacco. The child born of an unwanted conception especially (as distinct from a mistimed one) is at great risk of being born at low birthweight, of dying in its first year of life, or being abused, and of not receiving sufficient resources for healthy development.

In addition, an unintended pregnancy is associated with a higher probability that the child will be born to a mother who is adolescent, unmarried, or over age 40—demographic attributes that themselves have important socioeconomic and medical

consequences for both children and parents. Pregnancy begun without planning and intent also means that individual women and couples are often not able to take full advantage of the growing field of preconception risk identification and management, or of rapidly expanding knowledge regarding human genetics.

Women who have unintended pregnancies are at a greater risk of depression and or physical abuse, and their relationships with their partners is at greater risk of dissolution. Both mothers and fathers may suffer economic hardship and may fail to achieve their educational and career goals. Moreover, unintended pregnancy leads to approximately 1.5 million abortions in the United States annually, a ratio of about one abortion to every three live births. This ratio is 2 to 4 times higher than that in other Western democracies, in spite of the fact that access to abortion in those countries is often easier than in the United States.

During the 1970's and early 1980's, the proportion of births that were unintended at conception was decreasing. Between 1982 and 1988, however, this trend reversed and the proportion of births that were unintended at conception began increasing. This unfortunate trend appears to be continuing into the 1990's. In 1990, about 44 percent of all births can be traced to unintended pregnancy; in 1982, the comparable figure was 35 percent.

Many factors help to explain the nation's high level of unintended pregnancy. Most obvious is the failure to use contraceptive methods carefully and consistently or sometimes not at all, as well as actual technical failures of the methods themselves. Women and their partners relying on reversible means of contraception (about 21 million women) and those using no contraception, despite having no clear intent to become pregnant (about 4 million women), contribute about equally to the pool of unintended pregnancies. Many women and couples who are not seeking pregnancy move between these two groups, sometimes using contraception, sometimes not. These various patterns of contraceptive use are, in turn, influenced by a wide array of social, economic and cultural factors, as well as various attributes of the health care system itself.

Our study committee pondered these troubling data—the high ratio of unintended pregnancy and its serious consequences—and succeeded in crafting some recommendations of what to do.

The report's major conclusion is that the extent of unintended pregnancy and its serious consequences are poorly appreciated throughout the United States. Although considerable attention is now focused on teenage pregnancy and non-marital childbearing, along with continuing controversy and even violence over abortion, the common link among all these issues—is a pregnancy that is unintended at the time of conception—is essentially invisible.

Accordingly, the committee says that reducing unintended pregnancy will require a new national understanding about this problem and a new consensus that pregnancy should be undertaken only with clear intent. It recommends, first and foremost, that the nation adopt a new social norm. All pregnancies should be intended, that is, they should be consciously and clearly desired at the time of conception.

To build national consensus around this norm, the committee recommends a multifaceted, long-term campaign to educate the public about the major social and public health burdens of unintended pregnancy and to stimulate a comprehensive set of activities at national, state, and local levels to reduce such pregnancies. Such activities should revolve around five goals:

1. improving knowledge about contraception, unintended pregnancy, and reproductive health;
2. increasing access to contraception;
3. explicitly addressing the major roles that feelings, attitudes, and motivation play in using contraception and avoiding unintended pregnancy;
4. developing and scrupulously evaluating a variety of local programs to reduce unintended pregnancy;
5. stimulating research to develop new contraceptive methods for both women and men, to answer important questions about how best to organize contraceptive services, and to understand more fully the determinants and antecedents of unintended pregnancy.

To begin the long process of building national consensus, the committee recommends a multifaceted campaign to educate the public about the major social and public health burdens of unintended pregnancy and to stimulate national, state, and local efforts to reduce such pregnancies. We cannot stress enough the need to involve corporate officers, legislators, the media, schools, religious institutions, parents, families, and others. Unintended pregnancy is as much a problem of public policies and institutional practices as it is one of individual behavior.

I would like to thank the Committee for allowing me to testify here today. I would be happy to answer any questions you may have.

STATEMENT OF CHARMAINE YOEST, ADJUNCT FELLOW, FAMILY RESEARCH COUNCIL

Senator SPECTER. I am going to move out of alphabetical order now to Charmaine Yoest, adjunct fellow of the Family Research Council, because Ms. Yoest has a different view. Rather than have four people on one side before hearing from Ms. Yoest, we are going to give her a chance to testify now. And we will give you a little extra time.

Ms. YOEST. Thank you.

Senator SPECTER. We had invited—Ms. Yoest, I believe, your organization, the Family Research Council, is Mr. Gary Barrow's organization, correct?

Ms. YOEST. That is right.

Senator SPECTER. We had invited Mr. Barrow, and we are grateful that he sent you as his representative. Mr. Barrow is a very forceful advocate for his point of view. I have appeared on the floor with him in the past.

We had invited Mr. Ralph Reed, Jr., to be here. We wanted to have all points of view presented, because we think that is the best way to move right to the core of the issues, so we are appreciative for your coming, and the floor is yours, and the light goes on.

Ms. YOEST. Thank you very much for the invitation, Senator Specter.

I am particularly grateful to be here, since our motivations in opposing title X have been completely mischaracterized.

We are not opposing family planning. I think the issue is that we have to look very carefully about what family planning should be.

The CDC just recently released a report in which they defined what a family planning patient was, and what they said was that a patient was every woman of reproductive age, stretching from 15 to 44.

What is really notable about that definition to us is the complete lack of any discussion of marriage in the context of family planning.

When we have that happening, when the fact is that in title X clinics 27.3 percent of the clients are teenagers, you are seeing an instance where the Federal Government is putting their imprimatur on nonmarital sexual activity for those teenagers.

The majority of title X clients, 58 percent, are unmarried. That is very, very troubling to us, because we believe that that inevitably means that you are going to see an increase in the out-of-wedlock childbearing that title X is commissioned to address.

Particularly with teenagers, the issue then is parental involvement. As you know, title X is commissioned and encouraged to involve parents, but we have a problem, in that the title X regulations talk out of both sides of their mouth, because on the one hand you are encouraged to involve parents, on the other hand, some of the regulations say that all information as to personal facts and circumstances attained by the project staff about individuals receiving services must be held confidential, and must not be disclosed without the individual's consent.

What truly troubles us about that, Senator, is that one of the largest recipients of title X, and represented here today, is Planned

Parenthood, and they have been very forceful advocates in opposing parental notification, particularly in these programs.

The last time I testified on title X on the House side, I was joined by a young woman, Mrs. Eric Reddick, who was assisted in getting an abortion from the family planning clinic, and you will see there is a quote in my testimony where she was asked if she was going to tell her mother, and what they said to her was, "They said they could help, that it would be quick and easy, and they reassured me that my mother would never have to know."

Unfortunately, for Mrs. Reddick, her mother was called in an emergency situation when Mrs. Reddick was returned to school, she was hemorrhaging violently, had to be rushed to the hospital, and, of course, under those circumstances, her mother had to be brought into the situation.

So we are wondering, why was it that her mother had to be brought in when the situation had progressed to an emergency situation.

Here, I want to focus on the parental notification issue, and, obviously, title X is not allowed to have abortions, but we keep hearing so much discussion about abortion here today, and part of our concern is that if there is such a wall between title X and abortion, and if this administration is so concerned to maintain the purity of the family planning program, we have to question why we currently have a woman running the program who was a leading abortionist for 20 years in California.

Also, Planned Parenthood, who has been receiving in excess of $30 million yearly for title X services, defines family planning in their own documents as "Averting the devastation of unwanted childbearing through contraception and safe legal abortion."

So we have title X grantees who in their own material define family planning as safe legal abortions.

But I want to leave aside the issue of abortion, because there are so many other issues involved in title X that are not getting a hearing.

Even aside from abortion counseling, it is very troubling that parents are not involved in this program; 72.6 percent of the teenage clients of title X clinics receive prescriptions for oral contraceptives.

Now, Senator, one thing that troubles me, as a mother, is that we frequently hear family planning providers brushing that off as if the pill is a minor thing for teenagers to be taking.

But as you read package inserts, there is a very extensive family history that needs to be provided, and there are several health situations that are contraindications for taking the pill that need parental involvement.

Additionally, the CDC report that I referred to earlier noted that 1,480 teens were sterilized in the title X program, of which 107 were under 15.

When you have these kinds of very critical services being provided to teens, we need to be reassured, as taxpayers, that parents are involved.

Moving on, the second most important point about title X is that it has been an abysmal failure. I would like to show you a couple

of graphs about what has been happening to nonmarital teen births in our country.

Since 1970, the inception of title X, nonmarital births have increased 83 percent. That is the number along the bottom here. But it is not just the teenagers.

Amongst 20- to 24-year-olds, that increase is 244 percent, and amongst 25- to 29-year-olds, that increase has been 475 percent.

As you know, Senator Moynihan recently released a report where he made the point that what is really the crisis facing our country today is not necessarily these numbers increasing, but the proportion of out-of-wedlock childbearing.

He is exactly right about that. He released a report saying that 50 percent of all births would be out of wedlock for the year 2003. As you can see, under title X's watch, the proportion of teen births went from 30 percent to 71 percent today.

What does that have to do with title X? I would like to show you another graph that is very, very troubling to us. Under the watch of title X, between 1975—this is what this graph shows.

The bottom line is unwed teen births, the middle line, the dotted line, is title X funding, and the top line is teen abortions. What we find very troubling about this graph is how all these track together.

Between 75 and 80—and there are more details about this in my testimony—but as funding built up to its highest levels, teen births increased 16 percent.

It is interesting, we are not all that concerned about the fact that abortions might go up with a decrease in family planning, and this graph shows you why. When funding was decreased by 23 percent for title X, teen abortions also decreased 9 percent, and so did teenage births.

You will see then, as funding started up again, so did all of these indicators. Through fiscal year 1995, $3.3 billion has been spent on this program, and we do not see any appreciable results.

I will skip over the higher order births, but there is also a graph, figure 5, in your packet, that shows that now nearly a quarter of all teenage out-of-wedlock births are now from second pregnancies.

So we are dealing with a problem that is becoming cumulative over the years.

Now, what is the reason for this? Planned Parenthood's own research shows that the No. 1 reason that teens become sexually active is peer pressure. The second reason is that they believe that everyone else is doing it.

The problem, Senator, is that we have all as a society subscribed to this Hollywood-based mythology that teens are having—that you have these two young kids who fell in love with each other, and who are experimenting sexually, and all of a sudden they became pregnant.

Well, fortunately, we finally have some—well, not fortunately—tragically, we have discovered that this is a complete myth.

Planned Parenthood just published a study that showed that one-half of the fathers of babies born to teen mothers were 20 years old or older; 20 percent were 6 or more years older than the girl.

What we have is an epidemic of statutory rape. It is completely, completely inappropriate to have these girls, who are being possibly molested by adult males—in fact, other research that I cite

shows that in another study, 68 percent of one study, the women had been sexually abused. We should not be handing these women a pill.

Secretary Shalala made the point that we have been investing in—I know that you have been interested in abstinence services in the past, and we appreciate that. The problem is, there is absolutely no parity, whatsoever.

For every $1 that we spent on education through the Department of Health and Human Services to encourage teens to delay their sexual activity, we have spent $24 on title X. There is a huge discrepancy.

You will notice that, again, on the graph, down here is title XX funding. This is not a parity. We have not been making the effort that we should to equip these young girls, who are being preyed upon by adult men, and abused by adult men, they are not being equipped, and handing them a pill is certainly not the appropriate response to that kind of situation.

The response from the other side is that my position is completely unrealistic, and that there is no way that we can make a difference in teen sexual activity.

But I would challenge that assertion by pointing us to look at what has happened with teenagers and drug use. We, as mothers and fathers, got sick and tired of having our kids getting killed by drunk drivers, so MADD came along, Mothers Against Drunk Driving, and they localized, and they started to make a difference in our society, because they went after the cultural factors, they went after the legislative factors, they started holding bartenders responsible, they started holding parents responsible who allowed kids to have parties with alcohol in their houses.

That is exactly the kind of thing we need to start seeing to change the cultural attitudes in our society, to encourage teenagers to resist peer pressure that is given them such a hard time.

I will assert to you that Planned Parenthood, with their contraceptive approach to teen sexuality, has been the bartender for irresponsible teen sexual behavior.

One researcher found, and this, again, was published in Planned Parenthood's material, that 17 percent of the young women coming to family planning clinics, 17 percent were virgins when they came into the clinic.

Why would we take those young girls, who are facing a huge decision in their life, that leads them not only to teen pregnancy, but to sexually transmitted diseases, and give them a pill, a pamphlet?

Handing them a pamphlet on one hand and a pill on the other does not give them the message that they can resist the peer pressure that they are facing. That is not family planning. That is bartending.

Moving along, we have heard a lot about the importance of health care, and we are very concerned about health care for women, but it is really alarming to me, as a woman, that we would be putting title X forward as an exemplar of health care for women, when 70 to 85 percent of the services provided at the clinic have absolutely nothing to do with a physician.

The vast majority of women who go to title X clinics are seen by nurses instead of doctors.

I think it is very, very troubling to think that we are setting up a system where lower income women have a very different standard of care. I do not have one doctor that I see for family planning services and another doctor that I see when I am pregnant.

There is a huge gap between that, if you are going to set up a system where they have to have several different points of entry. So that is very, very troubling to us. We think it is weird and very illogical.

Additionally, it is duplicative. These services could be provided elsewhere in the community, where you are seeing a holistic approach to this woman, rather than focusing merely on group pregnancy services.

On several of the printed testimonies I have seen, there has been an emphasis on prenatal care, but as you know, in title X, no prenatal services are provided to the women, so once they are diagnosed with a pregnancy, they then have to go and find another doctor for services. So I do not see that title X really gains us anything.

I will conclude there at that point, and say to you, I will completely agree with Ms. DeSarno, we do need moral leadership on this issue, and I very much would like to see you take the moral leadership, Senator Specter, in sending a very clear message to our teenagers that they can resist the peer pressure that is leading them into nonmarital sexual activity, and leading them into such high rates of sexually transmitted diseases.

If we have this 70 percent of girls in family planning clinics who are going on the pill, we are doing absolutely nothing to protect them from the diseases that give them cervical cancer.

You end up with sterility for many of these young girls. That is not the right message to be sending to our girls, and we do need moral leadership on that.

PREPARED STATEMENT

We are not the extremists on the issue. I would assert to you that the people who are handing out contraceptives to our teens, and if not encouraging them, at least aiding and abetting in a lifestyle that is very, very dangerous to them, that is the extreme position. Thank you.

Senator SPECTER. Thank you very much, Ms. Yoest.

[The statement follows:]

STATEMENT OF CHARMAINE CROUSE YOEST, ON BEHALF OF THE FAMILY RESEARCH COUNCIL

Mr. Chairman and Members of the Subcomittee, I am Charmaine Yoest, an Adjunct Fellow of the Family Research Council. I am pleased to be here today to provide testimony and data on Title X, the federal family planning program

Recommendations

Based on the evidence of its ineffectiveness, we believe that this program should be eliminated. Alternatively, the proposal considered in the House of Representatives to move the monies allocated for Title X to a state block grant or into other already existing health care programs would be an improvement over continuing this program in its current configuration.

In looking at the possible appropriations for this federal program, there are several important problems that should be examined: delivery of services to teenagers and lack of parental involvement in the program, the failure of the program, substandard health care provided in the clinics, and the rationale for the programs existence.

Definitions

Before looking at the program itself, it may be helpful to define exactly what "family planning" is, or should, be . . . and what it is not. A family, according to the Census Bureau, is two or more persons related by blood, marriage or adoption. Planning, of course, implies the mental formulation of a method for achieving an end. Family planning, then, should be a method for achieving a "family," it should be about assisting married women to space and/or limit their child-bearing in a way and to a degree consistent with their religious beliefs or deeply-held values.

Focusing on this definition highlights the fundamental problem with the Title X program. its emphasis on service to teenagers -- regardless of their marital status and without parental involvement or knowledge. A recent report on Title X published in the Centers for Disease Control's *Morbidity and Mortality Weekly Report* detailed the results of the CDC's Family` Planning Services Surveillance (FPSS) project. This project was a survey of all of the Title X clinics to review their service data for 1991. In this review, a "family planning patient" was defined as "any woman of reproductive age (i e., ages 15-44 years)"[1] who came to their clinics for services. So simply by virtue of the physical capability of reproduction, a woman qualifies for "family planning." But by defining such all-inclusive eligibility -- with complete disregard for marriage as the basis for family and childbearing -- the program puts the imprimatur of the federal government on nonmarital sexual activity and the resultant out-of-wedlock childbearing that inevitably occurs. The majority of Title X clients, 58%, are unmarried.[2] The survey reported that of the 4.2 million women who came to Title X clinics in 1991, 27.3% were teenagers. This was the second largest service group following the 20 to 24 year-olds who made up 34.5% of the service population. Shockingly, 64,618 of the patients were under 15 years of age.[3]

Parental Consent

This massive involvement of a federal program with teenagers is particularly troubling in light of the lack of parental involvement and notification in Title X. Under law, the grantee clinics must "encourage" family participation with their clients However, this is only mandated "to the extent practical." Allowing the clinics even further leeway in contravening the parent/child relationship are Title X regulations requiring that "all information as to personal facts and circumstances obtained by the project staff about individuals receiving services must be held confidential and must not be disclosed without the individual's consent."[4] In an effort to resolve this contradiction and ensure the appropriate parental supervision of their daughters' health care, the Department of Health and Human Services issued regulations in 1983 that mandated parental notification when unemancipated minors received prescription drugs or devices Nevertheless, opponents of parental notification swung into action against even this common-sense requirement and they were successful in using a judicial injunction to block its implementation.[5]

Opponents of parental notification have not given enough weight to the potentially serious consequences of dispensing medication -- or a medical procedure -- to a minor. In 1991, during a hearing on the reauthorization of Title X, Erin Rettig testified in front of the Subcommittee on Health and the Environment of the Energy and Commerce Committee of the House of Representatives about her own experience at the age of 14 when she became pregnant:

> They [public school officials] made arrangements for me to go to the health center for a pregnancy test. They asked me if I was going to tell my mother. I did not want to disappoint my mom . . . They said my mother would never have to know They asked me what I was going to do if I was pregnant. I said, "I guess I'll have an abortion." They said they could help, that it would be quick and easy, and they reassured me that my mother would never have to know.

Tragically for Erin, not only was her abortion not quick and easy, her mother did have to know when Erin later began hemorrhaging at school, her mother had to give school officials permission to rush Erin to the hospital for emergency surgery.[6] Of course, Title X clinics are not legally allowed to perform abortions, or be co-sited with abortion clinics. However, Planned Parenthood, the nation's leading abortion provider -- they performed 134,277 abortions and referred for 80,743 more in 1993[7] -- has also been receiving in excess of $30 million in Title X funds annually. Additionally, they *define* family planning as "avert[ing] the devastation of unwanted childbearing through contraception and safe, legal abortion."[8]

This blurring of the lines between abortion and family planning has, of course, been highly controversial in the context of Title X and is another serious problem with the program. However, even in the absence of abortion counseling, the services given to adolescents without parental knowledge is a problem. According to the FPSS study, 72 6% of the teenage clients of Title X clinics received prescriptions for oral contraceptives.[9] Given the serious nature of some of the potential side-effects of using oral contraceptives, and the need for an accurate family medical history prior to being given a prescription, it is incomprehensible that parental notification

is not mandatory in this program. Additionally, *the report notes that 1,480 teens were sterilized -- of these 107 were under 15.*[10] Were the parents involved in such an important medical decision? We just don't know. All of this in a federally funded program that merely "encourages" its grantees to involve parents and gives grants to organizations that have actively opposed parental notification statutes.

In addition to the philosophical and health consequences concerns over parental notification in Title X clinics is an issue of efficacy: parental involvement in their teen's lives is the best way to reduce teenage sexual activity and the resulting pregnancies that occur. By dispensing contraceptives to teenagers who become sexually active without their parent's knowledge, the clinics drive a wedge into indispensable family communication -- and also defeat the very purpose they are trying to acheive. A landmark study done in 1991 on parental notification laws regarding abortion, published in the *American Journal of Public Health*, showed that Minnesota's Parental Notification Law resulted in a decrease in both abortion rates and birth rates among minors. The data strongly suggested that the institution of parental notification for abortion resulted in more teenagers avoiding pregnancy.[11]

Perhaps the most important point about parental notification is the opinion of parents themselves: in survey after survey, the overwhelming majority of parents support parental notification laws.[12]

The Failure of Title X

In evaluating the appropriation for Title X, one of the most important factors to consider is the complete lack of evidence that this program has had any demonstrable success in its twenty-five years of existence. Indeed, it is deeply troubling that the available evidence suggests quite the opposite: this program has been an abysmal failure. On Title X's watch -- a program which is specifically charged with addressing the problem of out-of-wedlock childbearing, particularly among teenagers -- nonmarital births have increased significantly.

- **Nonmarital births among teens under 20 have increased 83% since 1970.**

And it's not just the teenagers:

- **Unmarried births among 20 to 24 year-olds have increased 244%;**
- **And the increase among 25 to 29 year-olds has been 475%.**[13] *(See Figure One.)*

In fact, as you are probably aware, Senator Daniel Patrick Moynihan recently released a report projecting an increase in out-of-wedlock births to 50.1% of all births by the year 2003.[14] *(See Figure Two.)* The Senator has highlighted the real problem we face with the increase in out-

of-wedlock births -- even though the rising numbers of these births is a problem, it is the rising proportions of these births that is the real crisis we face. Since 1970, **the proportion of unwed teen births has more than doubled,** increasing from 30% to 71% of all births. *(See Figure Three.)*

These numbers are very troubling, but of course there are many factors influencing these increases. However, more troubling still for you as legislators and guardians of the public purse should be the close correlation between Title X funding and the increase in nonmarital teen births and abortions The amount of parallelism in the graph of these three factors: funding, unwed births and abortions -- is quite intriguing. **Nonmarital teen births and abortions have increased at the same time Title X funding has increased.** Then, *when Title X funding decreased, the numbers of increasing teen births and abortions leveled off.*

- Between 1975 and 1980 as funding built up to its highest level, unwed teen births increased 16%.
- Between 1980 and '83, when funding was cut by $38 million (-23%), unwed teen births decreased slightly by 1%, even though teen abortions also decreased 9%..
- Then, between '83 and '87, funding increased by $18 million (15%) and unwed births sped up, increasing by 12.% even though teen abortions increased by 2%.
- Finally, between, '87 and '92, funding slowed up again increasing only $7 million (5%), but unwed births continued their steady climb, increasing 21%.[15] *(See Figure Four.)*

This is a record of failure that, at the very least, deserves closer scrutiny. Before spending another penny of the American taxpayers' money, we should see some justification for a program that since its inception in 1970 has already spent $3.3 billion through fiscal year 1995 with absolutely no appreciable positive results.

Proponents of the program claim that without Title X services, the problem of nonmarital pregnancies would be worse. For instance one clinic operator asked, "How does one count pregnancies that did not occur?"[16] But this is a specious argument. One has to ask if an increase in the outcomes they were trying to decrease does not count as failure, what would? In no other area of life or commerce could this argument be made without sounding ludicrous.

Finally, although we may not be able to count pregnancies that do not occur, we can count the pregnancies that do -- in this context, it is instructive to note the increasing numbers of "higher order" (not the first) births to teenage unmarried girls. In 1970 when Title X began, 17.6% of all births to unmarried women 15 to 19 were higher order births. By 1992, that percentage had increased to 24.2%.[17] This means that **nearly a quarter of all teenage out-of-wedlock births are now from second pregnancies** (at least). *(See Figure Five.)* The statistics for the Title X clinics are nearly the same: 19.8% of 15 to 19-year-olds in the program had one or more previous

live births.[18] Presumably, these young mothers are familiar with both sex education and contraception. This is a dramatic example of the failure of the contraceptive approach to nonmarital sexual activity.

Reason for Failure

The reason Title X has been a failure at reducing out-of-wedlock childbearing is because it has taken the wrong approach to combatting the problem. Proponents, of course, claim that there is no alternative. According to their reasoning, teenagers are "going to do it anyway" and we must accommodate that reality. This fatalistic attitude that dominates the Title X program and is the hallmark of the grantees' approach to teenage sexuality, only contributes to the problem.

Interestingly, *Planned Parenthood's own research shows that the number one reason teenagers become sexually active is peer pressure. And the number two reason is that they think "everyone else is doing it."*[19] How does giving a 15-year-old girl a prescription for the Pill combat peer pressure? Obviously it does not. It merely adds to the pressure by conveying the message that adults expect, and condone, teenage sexual activity.

One of the reasons this accommodationist attitude and the contraceptive approach has become so entrenched is the unacknowleged subscription to the fantasy-based Hollywood version of teenage sexuality. This is the subliminal foundation upon which is built most adult acceptance of the "they're going to do it anyway" myth. In this soft-focus scenario, teenage sexual activity is innocent, healthy, mutually pleasurable exploration between two teenagers in "love." However, the reality behind this myth is anything but innocent: a recent study just published in *Family Planning Perspectives*, Planned Parenthood's magazine, found that **half of the fathers of babies born to teen mothers were 20 years-old or older; 20 percent were six or more years older than the girl.**[20] This points to an epidemic of statutory rape masquerading as teenage sexual activity lurking behind the escalating teen pregnancy rates.

And it's not just statutory rape, in many cases it is outright sexual abuse. Another study done by the Ounce of Prevention Fund in Chicago found that the majority of teenage mothers surveyed had experienced sexual abuse: 61% of 445 young mothers said they had been sexually abused beginning at an average age of 11.[21] Yet another study done in Seattle found that *68% of the 535 mothers surveyed had been sexually abused.*[22] How can a compassionate society respond to these young women with a prescription for the Pill?

Can there be any excuse for not teaching these young women that their experience of sex is not the norm? Why are we not aggressively teaching young women -- and young men -- refusal skills and upholding the standard of sexual activity reserved for marriage? Contrary to arguments made by the family planning special interest groups, we have not invested in encouraging and training unmarried young people how to delay their sexual activity until marriage. For example, another federal program run by the Public Health Service, Title XX was commissioned to fund

pregnancy prevention programs that do not involve contraception -- in 1995, it received $7 million while Title X received $193 million. Over the last five years, this program has received an average of 1 dollar for every 24 dollars allocated to Title X. *(See Figure Four.)*

Naturally, the family planning lobby would like to see this discrepancy maintained. In 1993, the majority of Planned Parenthood clinics, 53%, received more than 20% of their revenues from Title X.[23] Planned Parenthood as a whole, receives a third of its funding from the federal government.[24]

This disproportionate emphasis on the contraceptive approach has been sustained largely by the fact that these special interest groups have argued successfully that we are unable to change or influence teenage behavior. Fortunately, the data does not support this rather pessimistic view of the teachability of young people. A close corollary would be the effort over the last several decades to reduce teenage alcohol and drug use. These efforts have been speerheaded by the impassioned efforts of MADD, Mothers Against Drunk Driving. During the Seventies, drinking and drug use was "cool." But as parents began losing their children to drug use, or because of someone else's drunk driving they became "mad." They were no longer willing to accept the argument that the behavior of teenagers could not be influenced. They mobilized and began applying societal pressure, both political and cultural. Legislators and the courts got on board bartenders were held responsible for serving drinks to people who had already had too much to drink; parents were held responsible for teenage parties where alcohol was served. Even the alcoholic beverage companies have begun advertising: "Friends know when to say when," and "Friends don't let friends drive drunk." Slowly, our cultural attitudes -- and behaviors -- have changed The results have been impressive: alcohol use by high school seniors is down to 51% from a high of 72.1% in 1978. Marijuana and cocaine use has also decreased.[25] *(See Figure Six.)*

It is possible to change behavior and it is possible to change cultural attitudes Now is the time to get mad about the wreckage being produced in young lives and in our society as a result of nonmarital sexual activity. Giving a prescription for the Pill, or handing out a condom, to a teenage bent on nonmarital sexual activity is like serving up straight vodka to a drunk.

Planned Parenthood has been the bartender for irresponsible sexual behavior.

When our children are hungry and thirsty, we don't give them a beer and a Snickers bar. Teenagers need adult reinforcement of healthy behaviors; they need to be taught. Sadly, the biggest failure of Title X may be in missed opportunities. **One researcher found that 17% of the young women (15-24) who visited family planning clinics were virgins at their first visit.** An additional 10% had begun their sexual activity within a month of their first visit.[26] Is our response going to be a shrug of the shoulders, "they're going to do it anyway," hand them a prescription for the Pill with a smile and a pat on the head and send them on their way? If a young, unmarried girl enters a federally funded Title X clinic as a virgin, and leaves prepared only

to be a responsible contraceptor, then that visit was an abysmal failure . . . even if she never becomes pregnant. The contraceptive approach to out-of-wedlock pregnancies is doomed to failure because it is based on a reductionist view of sexuality: a sexual encounter that avoids pregnancy is termed "responsible" and permissiveness is passed off as freedom. That's not family planning. That's just bartending. Our teenagers deserve better.

Substandard health care

Proponents of course claim that they are more than condom dispensers, they claim to be providing indispensable health care for women. The National Family Planning and Reproductive Health Association, (an umbrella organization that includes 90% of the health care providers funded by the federal Title X program) asserts that Title X clinics "serve as the entry point to the health care system -- and only source of service -- for millions of American women."[27] However, if this is true, then these women are receiving substandard health care. In fact, in discussing the issue of Title X and health care provision, it is critical to recognize that **between 70 and 85% of the services at the clinics are being provided by nurses -- most of the women do not see doctors**.[28]

Additionally, the clinics have a very narrow mandate to provide only family planning services and other pre-pregnancy care: they provide no prenatal care. This has been an important distinction in maintaining a separation between abortion and family planning. However, this means that these family planning clients have to go to another doctor should they become pregnant. This ensures a weird, and illogical, discontinuity of medical service between a woman's gynecological care and obstetric care. What, then, do we gain from the services provided by Title X? Nothing that cannot be provided better, and more efficiently, elsewhere.

Federal government involvement in family planning

We have yet to address a fundamental question: how did the federal government get involved in condom and Pill distribution? Why do we have a federal family planning program at all? Why should the federal government be involved in providing such a narrow service to women? If this is going to be an issue for government involvement, then why isn't it strictly a local issue?

The answer from the special interest groups is that "without substantial federal oversight, some states would likely restrict access to the full range of contraceptive options or direct available funds toward abstinence promotion or natural family planning." They continue by pointing out that "if states experience unforeseen fiscal crises," they might "shift dollars to higher priority programs . . ."[29] This is precisely the point: states should be allowed to decide what is the highest priority for the women taxpayers in their own state.

Additionally, from a practical perspective, Title X is not an efficient way of delivering services to women: primarily, these clinics duplicate services available elsewhere -- the federal

government already allocates funds for family planning through the Maternal and Child Health Block Grant, the Social Services Block Grant, and Medicaid. In other words, Title X is more bureaucracy. It's interesting to note that the CDC study of Title X clinics found that in 39 states, the state health department was either the sole grantee or one of the grantees.[30] This is clearly an issue that could best be handled on the state/local level without federal interference..

Conclusion

Title X has been an unauthorized program since 1985 . . . with good reason. This is not a family planning program; this is a contraceptive-oriented birth prevention program. Even so, by every available measurement this program is an abject failure and does not warrant any more support from the American taxpayer.

ENDNOTES

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2 "The U.S. Family Planning Program Faces Challenges and Change," *Issues in Brief*, The Alan Guttmacher Institute, June, 1995, p. 4.

3.Ibid, p. 7.

4."Family Planning, Teenagers, Parents and Government," *Issues in Brief*, Alan Guttmacher Institute, Vol. 2, Number 2, January, 1982, p. 4.

5.Melvina Ford, "Family Planning: Title X of the Public Health Service Act," *CRS Issue Brief*, Congressional Research Service, February 6, 1992, p. 9.

6.Christopher Smith, et al., "Parental Notification Bill Introduced with Broad Support," Dear Colleague letter, April 22, 1991.

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8 Ibid, p. 2.

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10 Ibid, p. 17.

11.James L. Rogers, Robert F. Boruch, George B. Stoms and Dorothy DeMoya, "Impact of the Minnesota Parental Notification Law on Abortion and Birth," *American Journal of Public Health*, Vol. 81, No. 3, March 1991, p. 294.

12.Roper poll, 1991: 83% support parental notification. *New York Times/CBS* poll, 1990: 76% notification of both parents prior to abortion; additional 8% support notification of at least one parent. Gallup poll, 1990: 69.4% say parents should "have a great deal" of involvement in minor's abortion. *New York Times poll*, 1989: 83% support mandatory notification of at least one parent prior to abortion.

13.National Center for Health Statistics, *Vital Statistics of the United States*, annual and *Monthly Vital Statistics Report*, Vol. 43, No. 5, Supplement, October 25, 1994.

14.Graph from office of Senator Daniel Patrick Moynihan, "Out-of-Wedlock Births," *The Washington Post*, August 8, 1995, p. A7.

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17.National Center for Health Statistics, *Vital Statistics of the United States*, annual and *Birth to Unmarried Mothers: United States, 1980-92*, Vital and Health Statistics, Series 21, No. 53.

18.Smith et al., p. 16.

19.Planned Parenthood poll, "American Teens Speak: Sex, Myths, TV and Birth Control," (New York: Louis Harris and Associates, Inc., 1986), p. 24.

20 David J Landry, *Family Planning Perspectives*, July/August 1995, as cited in Jennifer Steinhauer, "Study Cites Adult Males for Most Teen-Age Births," *New York Times*, August 2, 1995, p. A 10.

21 Steinhauer, *New York Times*, August 2, 1995, p. A 10.

22 Ibid.

23 "PPFA Fact Sheet," May 1995.

24 PPFA Annual Report, 1993-1994, Planned Parenthood Federation of America, p. 15.

25.*Monitoring the Future Study*, National Institute on Drug Abuse, 1994

26 William D. Mosher and Marjorie C. Horn, "First Family Planning Visits by Young Women," *Family Planning Perspectives*, Volume 20, Number 1, January /February 1988, p. 38

27."Facts About the National Family Planning Program," National Family Planning and Reproductive Health Association, Washington, D.C..

28 70% estimate provided by the Office of Population Affairs, United States Department of Health and Human Services, telephone interview, August 9, 1995; 85% figure comes from the 1982 General Accounting Office Report on Title X as cited by The Honorable Thomas Bliley, Member of Congress, in a September 24, 1991 Dear Colleague letter.

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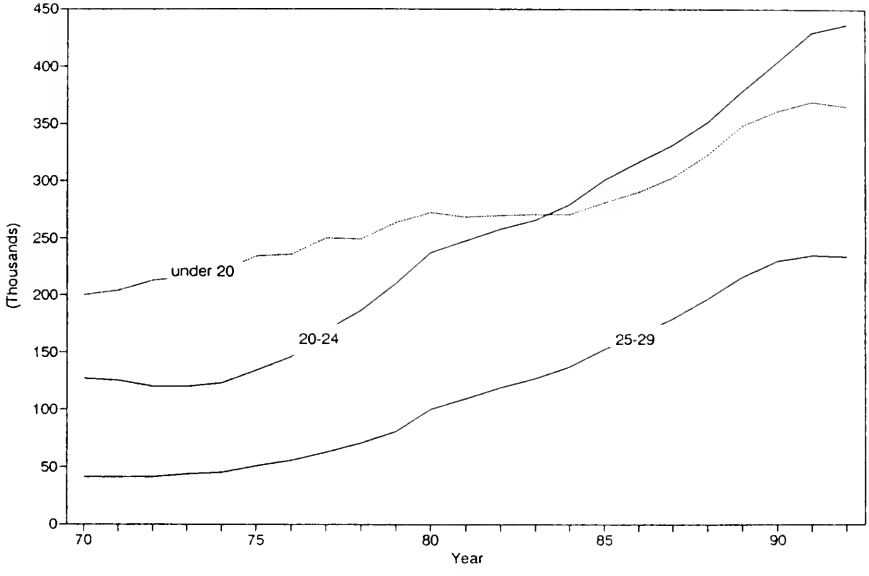
30.Smith, et.al., p. 4.

FIGURE 1

Unmarried Births to Women Under 30

Live births by age of mother

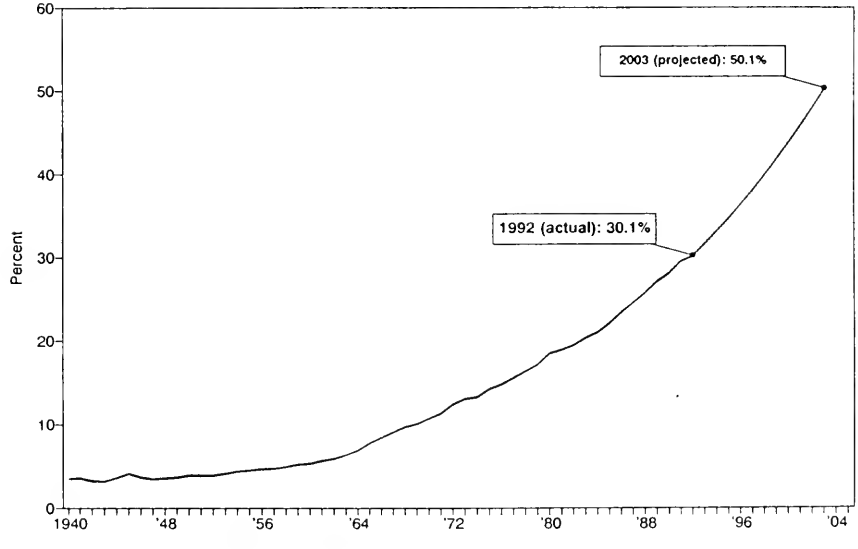


Source: National Center for Health Statistics, *Vital Statistics of the United States*, annual and *Monthly Vital Statistics Report*, Vol. 43, No. 5, Supplement, October 25, 1994.

FIGURE 2

OUT-OF-WEDLOCK BIRTHS

AS A PERCENTAGE OF ALL BIRTHS

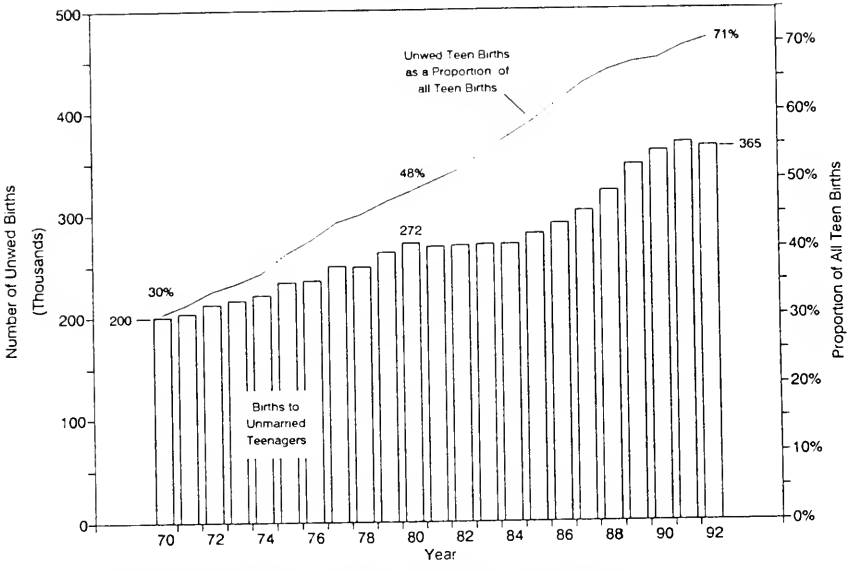


SOURCE. Office of Sen Daniel Patrick Moynihan (D-N Y)

FIGURE 3

UNWED TEEN BIRTHS: NUMBER & PROPORTION

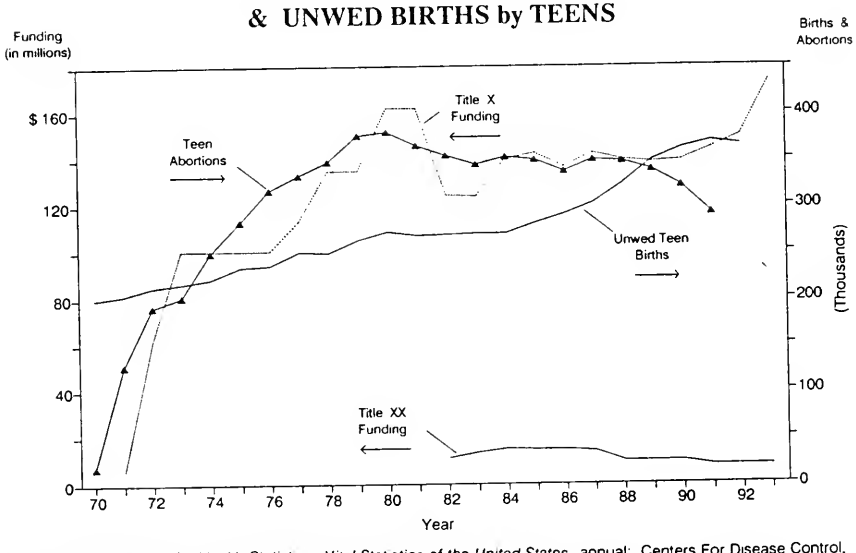
Births to Unmarried Women under 20



Source: National Center for Health Statistics, *Vital Statistics of the United States*, annual and *Monthly Vital Statistics Report*, Vol. 43, No. 5, Supplement, October 25, 1994.

FIGURE 4

TITLE X FAMILY PLANNING FUNDING, ABORTIONS & UNWED BIRTHS by TEENS

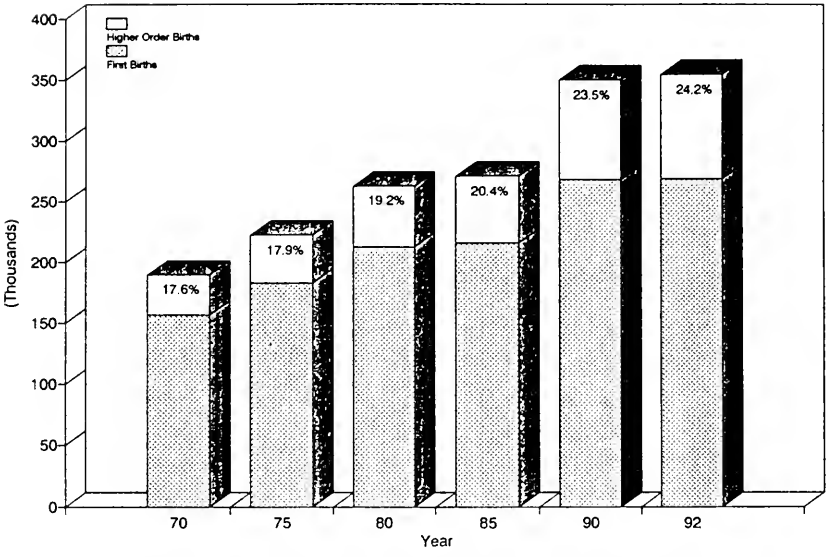


Source: National Center for Health Statistics, *Vital Statistics of the United States*, annual; Centers For Disease Control, *Morbidity and Mortality Weekly Report*, May 5, 1995, Vol. 44, No. SS-2 and earlier; and the Congressional Research Service.

FIGURE 5

Unmarried Births to Women 15-19

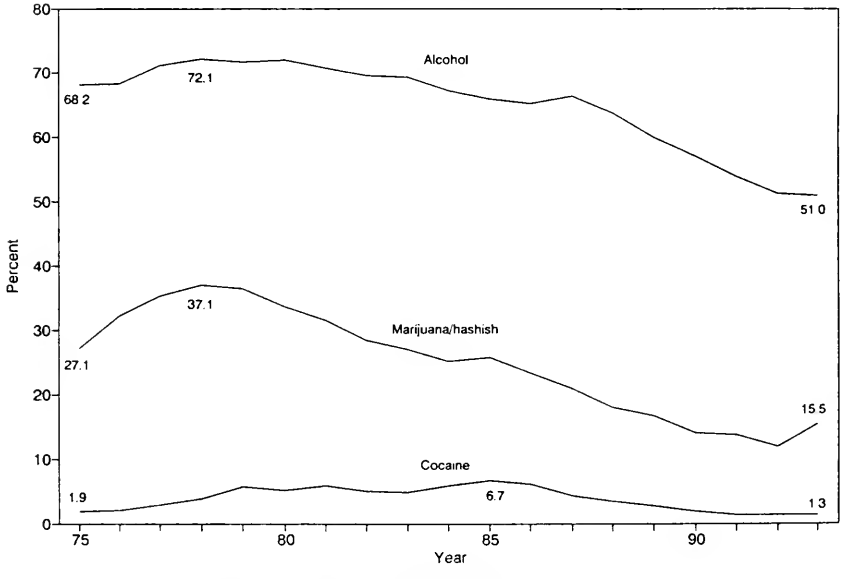
Live Births by Birth Order, All Races



Source: National Center for Health Statistics, *Vital Statistics of the United States*, annual and *Birth to Unmarried Mothers: United States, 1980-92*, Vital and Health Statistics, Series 21, No. 53.

FIGURE 6

Percentage of High School Seniors Reporting Alcohol and Drug Use in the Previous 30 Days, by Substance: 1975 to 1993



Sources: National Institute on Drug Abuse, *Monitoring the Future Study*, 1994.

STATEMENT OF KATHLEEN TURNER, ACTRESS, AND CHAIR, NATIONAL BOARD OF ADVOCATES, PLANNED PARENTHOOD FEDERATION OF AMERICA

Senator SPECTER. We turn now to Ms. Kathleen Turner, chair of the National Board of Advocates, Planned Parenthood Federation of America.

We thank you especially, Ms. Turner, for taking time from a busy schedule, and two performances yesterday, one this evening, and perhaps——

Ms. TURNER. That is all right. I only have one today.

Good morning, Mr. Chairman.

Today, here in Washington, Americans are witnessing an assault on reality to rival any Hollywood-produced fantasy. Today in Washington, there is a movement to turn back the hands of time, to revisit an old argument that we thought we had settled long ago, to convince the American public that we should return to a world where birth control was outlawed, where women lacked the freedom to control their own fertility, and health care providers were prosecuted and imprisoned for providing much needed contraceptive care to women and their families.

Nostalgia is all very well and good for theatrical productions, but it now seems a very small, but a very vocal, minority of Americans want to substitute nostalgia for policy.

They want to return to a time before President Nixon instituted public support for family planning, before American families could take full control of their destinies. Even though the vast majority of Americans support family planning, and a countless number of us rely on it, we have to argue once again whether family planning is something we need and should have access to.

Today, the issues of personal responsibility and family strength dominate the congressional agenda, from welfare to teen pregnancy.

This is a time we should strengthen and uphold our Nation's family planning infrastructure as one of the most cost-effective, helpful, and popular Federal initiatives in decades.

In the real world of 1995, women and men need family planning, to build healthier families, to lead responsible, purposeful lives. In the real world, an overwhelming number of Americans support family planning.

For 25 years, the title X family planning program begun by President Nixon has constituted the Nation's chief effort to reduce unintended pregnancy. It has provided contraception and other vital health services to low-income women.

As you know, I am involved with Planned Parenthood, and have been for many years. I am reminded of a story why Margaret Sanger started, one of the reasons that propelled her to start Planned Parenthood.

One of her last cases as a trained nurse, she was called upon one night to attend the bedside of a young woman, a poor, young woman, who had five children, and discovering she was pregnant with a sixth had tried to self-abort, and was suffering from internal injuries and hemorrhages.

So Margaret Sanger and the doctor were able to save the woman's life that night. And the woman asked the doctor what she could do to prevent another pregnancy.

The doctor's response was, "Tell your husband to sleep on the roof."

When they left, Margaret Sanger asked the doctor why they could not tell this woman what she needed to know, give her help.

The doctor said, "You know we cannot give that kind of information to the poor."

I believe this sort of attitude is reemerging. I think it is very present in our government and in our attitudes. That is my opinion. Thank you. [Laughter.]

Anyway, title X is the only program dedicated to achieving what should be our national goal, that no American woman will be denied access to family planning assistance, because of her economic condition.

Title X's funds are used for far more than family planning. Title X's family planning funding allows health care providers to offer a wide range of preventative care services, cancer screenings, prenatal care, infertility counseling, and well-baby care.

As our Nation witnesses the rate of HIV-AIDS, and other sexually transmitted infections rise, the incidence of these diseases increases faster in women than in men.

Publicly subsidized health centers offer screening, treatment, and counseling on sexually transmitted infections. We do not have a cure for AIDS, but we certainly know how it can be prevented, realistic, comprehensive sexuality education, proper use of barrier method contraceptives.

These are the answers to prevent further spread of the epidemic.

It is hard to believe that only during my lifetime family planning services have been legalized, finally opening the door for people that make responsible decisions about planning their families. But making it legal is not enough.

Some Americans, like me, like you, possess the economic means to ensure our reproductive health care will not go unmet.

This is not the case for millions of economically disadvantaged Americans, for whom publicly assisted family planning is the only method of acquiring decent reproductive health care.

More than 7 million women received their most recent family planning services at a publicly subsidized health care center. Health care centers that receive title X family planning funding are the only source of family planning services for 83 percent of the women that they serve. These women are predominantly young, poor, and have never had a child.

These women and their families deserve the same opportunities that I have, that we have, the opportunities to shape our own lives and our futures. Title X-supported health care centers provide services to these women without regard to age, marital status, or ability to pay.

As a woman building my life, planning my career, I understand first hand, in order to pursue a responsible productive life, it has been critical for me to be able to make a decision about whether and when to bear children.

For all people, especially for women, exercising this ability is a basic part of taking control of their life. It seems to me—and, again, these are my own words—that very much of this whole effort is aimed at disenfranchising women altogether.

In the old—well, I am from Missouri province, keeping them barefoot and pregnant.

I could not imagine a life without choice, the choice to decide when and when not to have children, when to undertake this serious responsibility of parenthood.

I choose to add my name to this important cause, because I firmly believe all people should have this fundamental right to family planning and other reproductive health care.

The title X funds are used effectively to help provide information, education, quality services to those who want and need it, empowering all women and individuals to exercise their rights.

Let us not forget that for the millions of women and their families, these family planning services work. They provide access to contraceptive services and counseling.

Publicly subsidized health care centers help avert the enormous personal, medical, and social toll unintended pregnancies take on women and our society.

Each year, publicly subsidized family planning services in the United States prevent 1.2 million unintended pregnancies, which otherwise would have led to 509,000 unintended births and 516,000 abortions; 256,000 unintended pregnancies to teenagers, averting 110,000 births and 112,000 abortions; and 281,000 unintended pregnancies to women enrolled in welfare.

Each public dollar spent to provide family planning services saves an estimated $4.40 that would otherwise be spent to provide medical care welfare benefits and other social services.

What is the cost to Americans for this program? The cost in taxpayer money to ensure that all women and their families have access to reproductive health services, to protect against the national epidemic of unintended pregnancy, to allow poor women and young people to take control of their lives and to help prevent sexually transmitted diseases, the cost is 75 cents per American.

Still, that small vocal minority that I spoke of is determined to end this vitally important program and to turn back the clock on women's health.

As you are aware, there have been longstanding inequities in women's health. The Government has only now just recently begun to take the health needs of women seriously.

I urge you to increase your support for women's health programs throughout the Federal Government, including such vital programs as title X family program, and the Public Health Service Office on Women's Health, which is the focal point for the women's health programs within the Federal Government.

PREPARED STATEMENT

I implore you to consider the health and lives of millions of women who depend on these programs.

Unlike the movies, where everything has happy endings, if they are mine, this threat can only be averted by taking real action, and

listening to the needs of the vast majority of Americans. Americans support family planning. Women need it.

Thank you.

Senator SPECTER. Thank you very much, Ms. Turner.

Like the movies, all hearings have happy endings. The legislation may be somewhat different, but we will work on that, too.

[The statement follows:]

STATEMENT OF KATHLEEN TURNER, CHAIRPERSON, PLANNED PARENTHOOD FEDERATION OF AMERICA

Good morning, Mr. Chairman and members of the committee. My name is Kathleen Turner, and I am the chairperson for the Planned Parenthood National Public Advocacy Board.

Today, here in Washington, Americans are witnessing an assault on reality to rival any Hollywood-produced fantasy. Today, in Washington, there is a movement to turn back the hands of time, to revisit an old argument we thought we had settled long ago, and to convince the American public that we should return to a world where birth control was outlawed, women lacked the freedom to control their own fertility, and health care providers were prosecuted and imprisoned for providing much needed contraceptive care to women and their families.

Nostalgia is all well and good for sitcoms or movies, but now it seems that a very small -- but very vocal -- group of Americans wants to substitute nostalgia for public policy. They want to return us to a time before President Richard Nixon instituted public support for family planning, before American families could take full control of their destinies. Even though the vast majority of Americans support family planning and a countless number of us rely on it, today we have to argue once again whether family planning is something people need and should have access to. Today issues of personal responsibility and family strength dominate the Congressional agenda, from welfare reform to teen pregnancy. This is a time when we should strengthen and uphold our nation's family planning infrastructure as one of the most cost-effective, helpful, and popular federal initiatives in decades.

In the real world of 1995, women and men need family planning to build healthier families and lead responsible, purposeful lives. In the real world, an overwhelming number of Americans support family planning and support what President Dwight D. Eisenhower called, "the clear human right of choosing the number of children they will have."

For 25 years, the Title X family planning program begun by President Nixon has constituted the nation's chief effort to reduce unintended pregnancy. It has provided contraception and other vital health services to low-income women. Title X family planning is the only federal program dedicated solely to funding family planning and related health care services. It is the only program dedicated to achieving what President Nixon said should be our "national goal" -- that "no American woman should be denied access to family planning assistance because of her economic condition."

And Title X funds are used for far more than family planning. Title X family planning funding allows health care providers to offer a wide range of preventive care services, services that are critical to sexual and reproductive health, services like cancer screenings, prenatal care, infertility counseling, and well-baby care.

As our nation witnesses the rates of HIV/AIDS and other sexually transmitted infections rise -- with the incidence of these diseases increasing faster in women than in men -- it is all of our responsibilities to address these public health problems. Publicly-subsidized health centers offer screening, treatment, and counseling on sexually transmitted infections.

And while we don't have a cure for AIDS, we know how to prevent it. Realistic, comprehensive sexuality-education and the proper use of barrier method contraceptives are the answer to prevent further spread of this deadly epidemic, and Title X family planning moneys contribute to this effort.

It is hard to believe that only during my lifetime have family planning services been legalized -- finally safely opening the door for all people to make responsible decisions about planning their families. But merely making family planning legal is not enough.

Some Americans, like me and you, Senators, possess the economic means to ensure that our reproductive health care needs will not go unmet. But this is not the case for the millions of economically disadvantaged Americans, for whom publicly assisted family planning is the only method of acquiring decent reproductive health care.

More than seven million women received their most recent family planning services at a publicly subsidized health care center. Indeed, health care centers that receive Title X family planning funding are the only source of family planning services for 83 percent of the women they serve. These women are predominantly young, poor, and have never had a child. These women and families deserve the same opportunities we have, Senators -- the opportunity to shape our own lives and futures. Title X-supported health centers provide services to these women without regard to their age, their marital status, or their ability to pay.

As a woman, building my life and career, I understand firsthand that, in order to pursue a responsible and productive life, it has been critical for me to be able to make the fundamental decision about whether and when to bear children. For all people -- and especially for women -- exercising this ability is a basic part of taking control of one's life. I could not imagine a life without this kind of choice, the choice to decide when, and when not, to have children and whether to undertake the very serious responsibility of parenthood.

I choose to add my name to this important cause because I firmly believe that all people should have this fundamental ability -- indeed, this fundamental right -- to family planning and other reproductive health care. Title X funds are used effectively to help provide information, education, and quality services to all those who want and need it, empowering all individuals to exercise their rights.

Let us not forget that, for the millions of women and their families who rely on them, these family planning services work. By providing access to contraceptive services and counseling on how to use them, publicly subsidized health centers help avert the enormous personal, medical and social toll unintended pregnancies take on women, their families and society.

Each year, publicly subsidized family planning services in the U.S. prevent:

- 1.2 million unintended pregnancies -- which otherwise would have led to 509,000 unintended births and 516,000 abortions;

- 256,000 unintended pregnancies to teenagers -- averting 110,000 births and 112,000 abortions;

- 281,000 unintended pregnancies to women enrolled in welfare.

Each public dollar spent to provide family planing services saves an estimated $4.40 that would otherwise be spent to provide medical care welfare benefits, and other social services.

And the cost to Americans for this program? The cost in taxpayer money to ensure that all women and their families have access to reproductive health services, to protect against our national epidemic of unintended pregnancy, to allow poor women and young people take control of their lives and to prevent sexually transmitted diseases including AIDS? The cost is a mere 75 cents per American.

Still, that small vocal minority I spoke of earlier is determined to end this vitally important program and turn back the clock on women's health. As you are aware, there has been longstanding inequities in women's health, and the government has only recently begun to take the health needs of women seriously. I would urge you to increase your support for

women's health programs throughout the federal government -- including such vital programs as the Title X family planning program and the Public Health Service's Office on Women's Health, which is the focal point for women's health programs within the federal government. I implore you, Senators, to consider the health and lives of the millions of women who rely on these programs.

Unlike the movies, where the villains are routinely foiled in the last reel and happy endings are guaranteed, this threat can only be averted by taking real action and listening to the needs of the vast majority of Americans. Americans support family planning. Americans support improving women's health. I expect you to do so the same.

STATEMENT OF BARBARA MAVES, EXECUTIVE DIRECTOR, PLANNED PARENTHOOD OF EAST CENTRAL INDIANA, PLANNED PARENTHOOD FEDERATION OF AMERICA

Senator SPECTER. Our final witness is Ms. Barbara Maves, executive director, Planned Parenthood of East Central Indiana. Welcome, Ms. Maves. The floor is yours.

Ms. MAVES. Thank you. I am here today to tell you how title X family planning has benefited the health and welfare of women and their families in the 19 counties that my affiliate covers.

I will also show you how title X funds have served our community by bringing together public and private sector initiatives to provide prenatal care and parenting education, manage primary care for Medicaid recipients, and a welfare-to-work program for the State of Indiana.

In other words, I want to show you how an investment in family planning is being utilized to solve some of the major social problems of our day.

What is the point in telling you about all of these services? Well, I think, first of all, so that you can see the key role family planning funds have played in establishing programs to address other social and economic issues; second, so you can understand Planned Parenthood's importance as a title X recipient in our communities.

Because title X funds went to Planned Parenthood, and because we attract volunteers who advocate for reproductive health issues, we are able to provide a wide range of preventive services and make them available to people who normally would not be able to access them.

Our staff, volunteers, and community partners are advocates who act on our stated mission, which is to ensure that everyone has the opportunity to make informed and responsible reproductive choices, and to promote stable family life.

And that is our agency's mission statement. It attracts the kind of volunteers who care about children, and act on their convictions;

and third, in this climate, where we value personal responsibility, it is critical to give women the tools that they need to decide when to have children.

By controlling their fertility, women are able to assume responsibility for their lives and the lives of their families.

Let me begin with the beginning of our agency. We started in 1965, and we first received title X funds in 1971. When I came to the agency, we had one clinic with 800 patients, in Muncie, which was a city of 71,000 people.

This clinic now serves nearly 6,000 patients a year, and we have 10 others in small cities, which range in population from 5,000 to 60,000.

Our board of directors is very committed to making family planning and reproductive health care accessible to low-income women, with a special emphasis in our agency on rural women and on teenagers.

Title X family planning has allowed that commitment to become reality. And, in fact, last year, our clinics served a total of 16,769 patients, and they made 39,452 visits to the clinic, so we have a lot of going in and out.

We derive about one-third of our budget from the title X family planning funds.

Unlike some other Planned Parenthood affiliates, most of our clinics are located in communities that are too small and too poor to generate the funds that would be needed for us to make up any loss of the title X funds.

One of our title X family planning clinics is the Madison Street clinic. I want to tell you about that. It was opened in 1990 by six African-American women in the community.

These women saw a need for a clinic in their part of town, which was in Muncie, south of the railroad tracks that divide Muncie demographically as well as geographically. There were no other health services; in fact, there were no other social services in that part of town.

With the support of local black clergy, several of whom announced the opening of the clinic in their church bulletins, these volunteers found us a house to locate the clinic. They helped raise the $20,000 needed for remodeling.

So we got going with title X family planning funds, and a grant as an urban enterprise zone area, and that very first year, we saw over 1,000 patients, actually, 1,037, and they paid over 2,100 visits to the clinic in that first year alone.

More than three-quarters of these patients are at or below 150 percent of poverty level. I think the most stunning thing about that very first year that we provided services there are the statistics that showed that 60 percent of our new patients were new to family planning, and the clinic was only 3 miles or less from where they lived.

I think this is very stunning. These were patients who, as the clinic founders predicted, had to cross the railroad tracks before to visit our other clinic in town.

In 1991, we began prenatal services at the Madison Street clinic, and, again, title X family planning funds were instrumental in allowing us to provide this service. Because title X funds pregnancy

tests administered at the clinic, we are able to identify women who need prenatal care at the very earliest stages of pregnancy.

I think everyone here knows that most women, as soon as they miss a period, they want to get a pregnancy test.

The results there have been very stunning. Last year, the weight of the Medicaid babies covered, born to our patients, was 7 pounds, 2 ounces. This is more than a pound higher than the State average for all Medicaid newborns.

This happened, because they started—and most of these patients had 15 visits, in comparison to 7 or 8 visits before birth of the other babies.

The pregnancy testing and prenatal services at the Madison Street clinic extend naturally into related social service programs.

For example, funds from the cities community development block grant program support our life skills and parenting classes, and a grant from the Delaware County Step Ahead Council initiated Planned Parenthood Mentor Mother Program held at the YWCA, where we match experienced mothers with teen mothers.

Some local area churches also participate in the Mentor Mother Program, and they are working with members of their congregations.

And our programs are not only for mothers, with the help of the local Rotary Club, and the coach of the Ball State University basketball team, we are reaching out to the fathers of these children, with a new support group encouraging men to become move involved in their children's lives, emotionally and financially.

Because of our prenatal and social service programs, last year we were encouraged to apply for and we received a State pilot welfare grant.

While Indiana's policies to help women with vocational training and job hunting have been somewhat successful, the jobs often do not last long, because a major barrier to good attendance and performance are issues of life planning skills, health, and wellness.

As a medical provider, just this month we were approved to provided managed primary care for the Medicaid Program, Planned Parenthood could help with these life skills.

Our counseling and social work staff assess participants' present skills and broad-based needs to work with the clients over a 4-week workshop period, and then we have informal group sessions and home visits.

We have contracted with the local chamber of commerce to provide information to participants about the job market in Muncie, in our area, to match up participants with employers, and to work with these employers after they have been hired. Volunteers from Muncie's Altrusa Club, which is a club of business and professional women, help our participants gain confidence in the job search.

And in the few months that we have operated this program, actually, our first class of this program was in January, the results have been very promising. Of the 22 young women participants, 9 are already working. Three others are preparing for their GED.

While title X has enabled our community to benefit indirectly from these many new initiatives, like the Welfare-to-Work Program, title X family planning has also benefited our community directly.

For instance, title X family planning remains our front line of defense against teen pregnancy.

In 1990, we conducted a study, and I have that study here for you, we conducted a study analyzing teen pregnancy in Delaware County, where our Muncie clinic is located.

The study found that the 12-percent rate of teen pregnancy in 1978 was dropped to only 4.6 percent in our county by 1988, and this is from the State board of health data, while over the same decade, teen pregnancy dropped only 2 percent throughout the rest of the State.

We were concentrating on reducing teen pregnancy, and over that time, Planned Parenthood's number of teen patients increased by 81 percent, from 1,253 to 2,268.

If the teen pregnancy rate had stayed the same as it was in 1978, an additional 472 Delaware County girls would have gotten pregnant in 1988.

Since 1991, we have not been as encouraged by the teen pregnancy rate, however, and we believe the slight rise in teen pregnancy for that period of time is due to the dramatic decrease in per-patient public funds for family planning. Family planning providers have had to make adjustments, including raising fees for those with family incomes at or above the poverty level.

This presents a considerable barrier to sexually active teens, particularly the older ones, who are trying to work, who are trying to prevent pregnancy and trying to prevent sexually transmitted infections.

In summary, title X family planning not only provides vitally needed contraceptive care, but it opens the door to a variety of health and wellness programs, encourages a range of innovative social programs and life options, and prompts the coming-together of communities in the spirit of volunteerism.

PREPARED STATEMENT

Title X family planning in our community has brought together everyone, from the Rotary Club, to local churches, to the basketball team, in a nonpartisan effort to improve our families and communities, and we have seen results.

I urge the U.S. Senate to join with our community in support of title X family planning. Thank you.

Senator SPECTER. Thank you very much, Ms. Maves.

[The statement follows:]

STATEMENT OF BARBARA MAVES, EXECUTIVE DIRECTOR, PLANNED PARENTHOOD OF EAST CENTRAL INDIANA

Good morning. I am Barbara Maves, Executive Director of Planned Parenthood of East Central Indiana, with administrative offices in Muncie. I am here today to tell you how Title X family planning has benefited the health and welfare of women and their families in the 19 counties that my affiliate covers. I'll also show you how Title X funds have served our community by bringing together public and private sector initiatives to provide prenatal care and parenting education, managed primary care for Medicaid recipients, and a welfare-to-work model for the state of Indiana. In other words, I want to show you how your investment in family planning is being utilized to solve some of the major social problems of the day.

What is the point of telling you about all of these services? First, so you can see the key role family planning funds have played in establishing programs to address other social and economic issues. Second, so you can understand Planned Parenthood's importance as a Title X recipient in our communities. Because Title X funds went to Planned Parenthood and because we attract volunteers who advocate for reproductive health issues, we are able to provide a wide range of preventive services and make them available to people who normally would not be able to access them. Our staff, volunteers, and community partners are advocates who act on our mission, which is "to assure that everyone has the opportunity to make informed and responsible reproductive choices and to promote stable family life." It attracts the kind of volunteers who care about children and act on their convictions. Third, in this climate when we value personal responsibility, it is critical to give women the tools they need to decide when to have children. By controlling their fertility, women are able to assume responsibility for their lives and the lives of their families.

Let me begin at the beginning. We first received Title X funds in 1971. When I came in 1974, we had one clinic with 200 patients in Muncie, a city of 71,000 people. This clinic

now serves nearly 6,000 patients a year, and we have 10 others in small cities ranging in population from 5,000 to 60,000. Our board of directors is committed to making family planning and reproductive health care accessible to low income women, with a special emphasis on rural women and teens. Title X family planning has allowed that commitment to become reality. Last year our clinics served a total of 16,769 patients who made 39,452 visits to the clinics and derived 30 percent of our budget from Title X family planning funds. Unlike some other Planned Parenthood affiliates, most of our clinics are located in communities too small and too poor to generate the funds that would be needed for us to make up for any loss of Title X funds.

One of our Title X family planning clinics is the Madison Street Clinic, opened in 1990 by six African American women in the community. These women saw a need for a clinic in their part of town, south of the railroad tracks that divide Muncie demographically as well as geographically There were no other health services available in this part of town With the support of local Black clergy, several of whom announced the opening of the clinic in their church bulletins These volunteer pioneers found a house to locate the clinic and helped raise $20,000 needed for remodeling. With Title X family planning funds and a grant as an Urban Enterprise Zone, 1,037 patients paid 2,109 visits to the clinic in its first year alone. More than three quarters of our patients are at or below 150 percent of the poverty level; sixty percent of our new patients were new to family planning These were patients who, as the clinic founders predicted, hadn't crossed the railroad tracks before to visit other clinics in town.

In 1991, we began prenatal services at the Madison Street Clinic. Again, Title X family planning funds was instrumental in allowing us to provide this service. Because Title X funds pregnancy tests administered at the clinic, we are able to identify women who need prenatal care at the earliest stages of pregnancy. The results have been stunning. Last

year, the birth weight of the babies born to our patients was 7 pounds, 2 ounces--a full pound higher than the state average for all Medicaid newborns.

The pregnancy testing and prenatal services at the Madison Street Clinic extended naturally into related social services programs. For example, funds from the city's Community Development Block Grant Program support our life skills and parenting classes, and a grant from the Delaware County Step Ahead Council initiated Planned Parenthood's Mentor Mother program held at the YWCA, where we match experienced mothers with teen mothers. Some local area churches also participate in the mentor mother program, working with members of their congregations. And our programs are not for mothers only. With the help of the local Rotary Club and the coach of the Ball State University basketball team, we are also reaching out to the current and potential fathers with a new support group encouraging men to become more involved in their children's lives, emotionally and financially.

Because of our prenatal and social services programs, last year we were encouraged to apply for and received a state pilot welfare grant. While Indiana's policies to help women with vocational training and job hunting have been somewhat successful, the jobs often don't last long because a major barrier to good job attendance and performance are issues of life planning skills, health, and wellness. As a medical provider that just this month was approved to provide managed primary care for the Medicaid program, Planned Parenthood could help with these life skills. Our counseling and social work staff assess participants' present skills and broad based needs to work with clients over a four week workshop, informal group sessions, and home visits. We have contracted with the local Chamber of Congress to provide information to participants about the job market, to match participants and employees, and to work with employers; volunteers from Muncie's Altrusa Club of Business and Professional Women help participants gain confidence in the

job search. In the few months we have operated this program the results have been promising. Of the 22 young women participants, 9 are already working and 3 others are preparing for their GED's.

While Title X has enabled our community to benefit indirectly from these many new initiatives like the welfare-to-work program, Title X family planning has also benefited the community directly. For instance, Title X family planning remains our front line of defense against teen pregnancy. In 1988, we conducted a study analyzing teen pregnancy in Delaware County, where our Muncie clinic is located. The study found that the 12 percent rate of teen pregnancy in 1978 dropped to only 4.6 percent in our county, while over the same decade teen pregnancy dropped only 2 percent throughout the rest of the state. Over that time period, Planned Parenthood's number of teen patients increased by 81 percent, from 1,253 to 2,268. If the teen pregnancy rate had stayed the same as it was in 1978, an additional 472 Delaware county girls would have gotten pregnant in 1988. But since 1991 we have not been as encouraged by the rate of teen pregnancy. We believe the slight rise in teen pregnancy over that time period is due to the dramatic decrease in per-patient public funds for family planning. Family planning providers have had to make adjustments including raising fees for those with family income levels at or above the poverty level. This presents a considerable barrier to sexually active teens who are trying to prevent pregnancy and sexually transmitted infections.

In summary, Title X family planning not only provides vitally needed contraceptive care, but it opens the door to a variety of health and wellness programs, encourages a range of innovative social service programs and life options, and prompts the coming-together of communities in the spirit of volunteerism. Title X family planning in our community has brought together everyone from the Rotary Club to local churches to the basketball team in a nonpartisan effort to improve our families and community--and we have seen results. I urge the United States Senate to join with our community in support of Title X family planning.

1994 Patient Data by Branch														3/95	46-91-2
	Mun	Port	Mer	Win	NC	Rich	Kok	Dal	Paru	Con	UV	Mad	Mad P	And	Total
Unduplicated Pts	5665	720	1879	566	1091	1606	1512	332	1024	649	441	1485	61	516	16769
Visits	13114	1628	3653	1232	2820	3943	3845	659	2211	1504	645	3143	408	647	39452
Services															
Exam Visits	5991	683	1531	548	1257	1562	1732	294	1024	605	0	1201	403	292	17123
Oth Clinic Visit	7123	945	2122	684	1563	2381	2113	365	1187	899	645	1942	5	355	22329
Init/Annual	3407	495	1037	410	734	1139	916	188	660	444	0	738	33	197	10398
Wt & Blood Pres	4139	642	1812	545	1149	1688	1860	236	1084	595	65	1102	51	202	15170
Anemia Test	1349	187	441	151	363	393	482	80	303	227	0	288	66	66	4396
Diabet Test	48	12	9	5	17	12	7	1	5	1	0	5	0	0	122
Breast Exam	3461	496	1043	410	745	1140	917	188	660	445	0	743	33	198	10479
Pap Smear	3627	529	1092	439	787	1233	967	207	704	480	0	803	2	214	11084
Gonorrhea Test	4257	542	1131	438	852	1200	1106	210	740	461	0	901	39	226	12103
Gonorrhea Tmt	50	0	8	0	0	3	12	0	1	0	0	9	0	1	84
Chlamydia Test	1008	72	382	64	246	138	579	53	266	61	0	183	38	36	3126
Chlamydia Tmt	80	5	28	3	6	11	25	2	20	2	0	7	5	0	194
Oth Vag Infection	1665	92	390	113	361	259	862	90	468	95	0	259	1	61	4716
Medications	32925	1865	5983	1902	7347	3561	8722	1135	9340	1569	0	4816	2	570	79737
Post-Partum	8	11	0	9	1	0	4	0	2	6	0	13	20	0	74
Preg Tests	1832	213	886	174	334	435	424	76	285	163	120	782	2	41	5767
IUD Insert	9	0	0	0	2	0	0	0	0	0	0	0	0	0	11
Diaph Fits	20	0	4	0	1	2	1	1	0	1	0	1	0	0	31
Norplant	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Depo Provera	606	92	257	46	194	217	557	41	216	96	0	195	0	38	2555
BC Pills	28137	4922	9306	3854	5515	11345	7170	1607	5289	4083	1489	5722	3	1774	90216
Foam	442	69	121	21	199	99	175	29	108	141	5	144	0	15	1568
Condoms	24384	2640	33616	1944	7980	2376	27252	1140	18300	5208	780	10800	0	1320	137740
Prob Preg Info	11	0	1	0	0	1	0	0	0	2	1	1	0	0	17
Teen Forum	0	37	86	15	31	58	140	0	67	5	0	27	0	0	466
HIV Testing	129	29	16	0	40	0	5	0	44	9	0	1	0	0	273
Prenatal	0	0	0	0	0	0	0	0	0	0	0	0	61	0	61
Demographic Data of PPECI's 1994 Patients by Branch															
Income (by Percent of Poverty)															
0-100%	22%	18%	48%	35%	35%	28%	34%	37%	35%	54%	0%	25%	0%	32%	30%
101-250%	66%	78%	40%	53%	50%	64%	51%	57%	53%	38%	100%	54%	0%	55%	57%
Above 250%	4%	1%	2%	3%	4%	6%	7%	3%	2%	2%	0%	2%	0%	2%	4%
Medicaid	8%	3%	10%	9%	11%	5%	8%	3%	10%	6%	0%	19%	100%	11%	9%
(Current poverty level is $14,800 yearly income for a family of four.)															
Men	294	14	46	2	31	10	69	8	31	6	3	54	0	7	573
HS Student	16%	27%	35%	39%	31%	28%	32%	28%	29%	38%	0%	25%	10%*	29%	26%
Oth FT Student	39%	8%	9%	13%	13%	24%	17%	22%	11%	10%	100%	27%	3.80%	5%	24%
*40% of Madison Street prenatal patients did not complete and no longer attend school.															
Age															
0-14	2%	1%	3%	2%	2%	2%	2%	4%	1%	2%	1%	4%	6%	5%	2%
15-17	10%	17%	17%	18%	20%	17%	19%	16%	18%	21%	4%	14%	6%	15%	15%
18-19	17%	16%	14%	17%	15%	19%	16%	15%	18%	21%	41%	19%	13%	14%	17%
20-24	41%	32%	33%	30%	28%	31%	31%	39%	31%	30%	45%	38%	39%	30%	35%
Over 24	30%	34%	33%	33%	35%	31%	32%	26%	32%	26%	9%	25%	36%	36%	31%
Race															
White	88%	99%	86%	95%	98%	93%	92%	92%	95%	96%	88%	85%	71%	88%	90%
Black	9%	0%	10%	2%	1%	6%	5%	5%	3%	2%	9%	11%	19%	8%	7%
Other	3%	1%	4%	3%	1%	1%	3%	3%	2%	2%	3%	4%	10%	4%	3%

Social Services

Life Skills Planning and Parenting Program		**IMPACT Class**		**Mentor Mothers Program**	
Unduplicated Clients	52	Referrals	48	Mentors	17
Group Sessions	43	Completed Class	24	Mentees	17
Clinic Visits	99			Attending Groups Only	24
Home Visits	22			Group Sessions	8
Hospital Visits	17				

PLANNED PARENTHOOD OF EAST CENTRAL INDIANA
110 North Cherry Street, Muncie, IN 47305 46-94-01 (2/95)

1994 FACT SHEET : BRANCH LOCATIONS AND COUNTIES SERVED

PPECI started in Muncie, Indiana, in 1965 serving Delaware County. For several years, it was funded solely by private money and was a totally volunteer agency. PPECI received its first public money from the State of Indiana in 1969 and federal funds in 1971. PPECI now serves nineteen counties out of thirteen sites.

PPECI is a private, not-for-profit agency organized to provide family planning medical care, counseling, and public education.

Branch	Counties Served	Women 15-44	Opened In
Main-Muncie 110 N. Cherry at Main Street	90% Delaware, 50%/Blackford	29,752	December 1965
Univ. Village - Muncie 506 1/2 N. Martin Street	"		September 1989
Madison Street - Muncie 1609 S. Madison Street	"		October 1990
Portland 120 W. Votaw, Suite 3	Adams, Jay, Wells, 50% Blackford	18,788	May 1976
Marion 101 S. Washington Street	Grant, Huntington	25,590	December 1977
Winchester 112 1/2 W. Washington Street	Randolph	6,118	July 1981
New Castle 540 S. Main Street , Suite D	Henry, Rush	14,430	February 1983
Richmond 29 N. 8th Street	Wayne, Union	17,146	May 1983
Kokomo 404 B. Arnold Court	Howard, Tipton	23,136	August 1983
Daleville R.R. 1, Box 306	10% Delaware, 10% Madison	6,137	December 1986
Peru 67 W. Main Street	Miami, Wabash	17,368	December 1987
Connersville 3024 Ohio Ave. Suite 2	Fayette, Franklin	11,616	November 1988
Anderson 2121 Fletcher Street	90% Madison	26,147	November 1994

* Majority of patients at each clinic reside in county of clinic site. Patients living outside of county are less able to use the services.

Monies Received and Patients Served	1994 13 clinics	1993 12 clinics	1992 12 clinics	1991 12 clinics	1990 11 clinics	Restrictions
Indiana State Department of Health	$33,882	$33,125	$33,754	$28,423	$37,422	-Portland clinic reproductive health patients living at or below 250% of poverty
US Dept of Health and Human Services	744,770	639,340	546,736	525,726	463,912	-Other 12 clinics for reproductive health patients living at or below 250% of poverty
Indiana Office of Social Services	399,842	290,629	335,583	261,405	300,464	-Initial and annual contraceptive exams and related labs for persons at or below 150% of poverty
Local Government Grants	136,331	122,430	52,978	32,468	49,254	-Portions restricted to STI testing/treatment for specific counties, social services, special workshops
Medicaid	145,969	153,676	172,273	152,882	103,399	-Prenatal patients and other patients eligible under state guidelines
Client Fees	662,296	641,872	545,302	509,470	466,804	
Donations and Investments	90,633	104,127	100,527	96,572	108,570	
Total	$2,213,723	$1,985,199	$1,787,153	$1,606,946	$1,529,825	
Patients Served	16,769	17,058	17,130	17,433	18,000	

MORAL LEADERSHIP

Senator SPECTER. Let us begin on the question of moral leadership subject, where Ms. Yoest says she agrees with Ms. DeSarno.

We do have funding for adolescent family life under title XX, where the primary focus of the prevention project is to delay the onset of adolescent sexual activity, and thereby, attempt to prevent adolescent pregnancy.

What is the reality on the success of more leadership on an item that I think would be one for generalized agreement, to the extent you can persuade young people to abstain, what is the likelihood for success?

Ms. DeSarno, let us start with you.

Ms. DESARNO. Well, first, I would like to make certain that we understand that there are a lot of dollars spend in title X on abstinence programs, also, so to compare the title XX appropriation with title X is not a realistic——

Senator SPECTER. How are those funds specifically spent?

Ms. DESARNO. In title X?

Senator SPECTER. Title X.

Ms. DESARNO. First of all, when a young woman comes into a title X clinic, the first conversation that is had with her is, in fact, whether, in fact, she is comfortable being sexually active.

Many young women are not. They have been coerced into sex, and they are not comfortable with it. So they——

Senator SPECTER. Do you agree with Mrs. Yoest's statistic that 17 percent of those who come to you are virgins?

Ms. DESARNO. I do not know where that came from. I know that for the majority of the patients, young patients, who come to title X clinics, the majority of them have been sexually active for at least 6 months. Most of them come because of a pregnancy scare.

So the first conversation to have is first of all how they are making their decisions. If they have not become sexually active, abstinence is always stressed as the best method, obviously, of avoiding unintended pregnancy, and also sexually transmitted diseases.

But then there is also a conversation that occurs about the kind of sexual involvement they are engaged in, particularly, if it is, in fact, coerced. It is interesting, when people read studies and statistics how we can draw such different conclusions.

The fact of the matter is, it is tragic that our young women often are coerced into sexual activity, and that it——

Senator SPECTER. They are coerced.

Ms. DESARNO. Many are. It is a subtle coercion. When you are involved with a young man who is 6 years older than you, there is a kind of coercion there that is not rape, but it is a different kind of coercion.

Ms. Yoest and I agree with the fact that that is a troubling statistic. However, to say that the message that young woman should be given only is abstinence does not solve her problem for her.

She needs skills in saying no, but she also, if she is going to continue to be sexually active, needs the materials and the ways to protect herself against pregnancy and against sexually transmitted diseases.

I would like to say that we just do not send them out with a pack of pills. There is much education done about sexually transmitted diseases and about the use of barrier methods.

So to sit through one of those counseling sessions is to get a lot of information about abstinence, about good choices, about what we call obstinacy skills, and, in fact, good medical information.

Senator SPECTER. Let me turn to Mrs. Yoest at this point, because our time is limited. We are going to have to conclude by noontime.

Mrs. Yoest, what is your view of the reality of talking only about abstinence? Is that really sufficient, or is there a need, when you have the young person with you, to go beyond the abstinence issue,

and anticipate the next problem, the next issue, even if not directly raised by the young person?

Ms. YOEST. The issue is that as adults, we need to provide directive leadership with teenagers, to help them sort through the peer pressure that they face to get sexually involved.

The point about abstinence and the Planned Parenthood is that—the 17-percent study is from "Family Planning Perspectives," Planned Parenthood's magazine, and I will give you the study, because it is fascinating.

The whole thing is couched in terms of how to get those young girls to start using contraception.

It is one thing to talk about abstinence, and it is another thing to make it an emphasis. I think it is completely important to compare and contrast the funding level between title XX and title X.

Why are you all not here today asking for $200 million to encourage our teens to avoid sexual activity?

Senator SPECTER. Ms. Yoest, what do you do after you emphasize abstinence? Do you, at that point——

Ms. YOEST. Well, it is——

Senator SPECTER. Excuse me. Let me finish my question.

Do you at that point hope you are successful, or do you at that point anticipate another course for the person?

Ms. YOEST. What you do is you put the same effort into teaching them about delaying their sexual activity that they want to put into teaching about how to use a condom.

I think the only realistic approach is to say that you are going to take a 16-year-old girl, who is feeling pressure from her boyfriend who is 4 years older than her, and that every single day she is going to take the pill to avoid pregnancy, and that every single sexual encounter, she is also, also, in addition to, going to use a condom to protect herself from sexually transmitted diseases.

I mean that is the unrealistic approach. That is the outcome that is completely unachievable.

This data of how teen pregnancies are going up and up and up just proves that we are being completely unsuccessful in that approach. It is not just a question of emphasizing abstinence, it is a question of teaching them.

There are programs available to do as much education and support for teens in choosing that route of behavior as there is in terms of teaching them how to use contraception.

Senator SPECTER. Dr. Eisenberg, let me move to the issue you raised about the correlation between health and wealth, and access to health in America.

There is a very pointed debate between both sides on accepting the constitutional right of a woman to choose, with whether there is any really to spare to have the taxpayers subsidize medical procedure abortions, which they are very much opposed to on moral grounds.

Should access to a medical procedure abortion depend upon the ability to pay, or is it fair to impose a tax burden on many Americans who have a very strong moral objection to abortion?

Dr. EISENBERG. I think very strongly that the ability to get an abortion, which has been upheld by the Supreme Court as a legiti-

mate procedure, should not be conditional on income. The representatives——

Senator SPECTER. But the Supreme Court has never said that society has an obligation to pay for the abortions.

Dr. EISENBERG. No, no; I understand. But I am just differentiating between the right to the medical procedure and the means to purchase it.

And the Senators and Representatives who are gradually restricting the right of abortion are restricting that right, because it comes to the poor, when it comes to Federal funds.

The Senator's daughter, the Representative's daughter or wife, is not going to have to be subject to a criminal, back-alley abortion, because it cannot be obtained through medical—appropriated and legitimate medical sources. It is only the poor who suffer proportionately.

Now, some Americans do not like blacks. Does that mean American taxpayers' money should not go to health care for black people as well as white people, or Hispanics, or Japanese, or whoever.

Senator SPECTER. Well, I do not know that——

Dr. EISENBERG. It seems to me——

Senator SPECTER. Wait a minute. I do not know that people are objecting to health care on a discriminatory basis, because of race or national——

Dr. EISENBERG. No, no; but if people are to have the right to say I will not pay taxes if that covers health care for abortions, which I am against, then I am saying you are opening the grounds for people to decide for whom they are going to pay for health care and for whom they are not.

So I agree with you, that that has not been raised as a deliberate proposition; although, in the State of California, that referendum that was passed denies health care and schooling to children of illegal immigrants, which seems to me is a remarkable step backward for this country.

Senator SPECTER. It has not been enforced yet. That has not been enforced yet.

Ms. Turner, we have had a great deal of interest in Congress recently on entertainment and media.

Ms. TURNER. I thought you might be. Yes. [Laughter.]

Senator SPECTER. Well, my own view is that government ought to stay out of any sort of coercion, or intimidation, or pressure when you come to the first amendment rights.

Ms. TURNER. I quite agree with you.

Senator SPECTER. But where do you go? You do not have to go to entertainment, all you have to do is pick up the best newspapers, and open up, and the advertisements are explicit and enticing. And nobody suggests that those advertisements should not be taken. So you have special insights, obviously, into the entertainment world.

Ms. TURNER. Well, I think there should be a——

Senator SPECTER. Where do you think you folks ought to head, not to where we ought to tell you to head, or suggest that you head, but where do you think you should head?

Ms. TURNER. Well, I think we should be very aware always of the distinction between entertainment and real life. For example, film,

I personally, in the work that I commit to do, and, therefore, support, I prefer to show the reaction to violence, or whatever.

I mean not simply—I do not advocate those films, where one simply comes into a room, shoots a gun, and keeps on walking, and never sees the aftermath of the action. I will not participate in that.

However, I could certainly watch a violent scene in a movie more easily than I could watch a videotape of Rodney King being beaten by the cops. Now, that was real.

And I find that terrifying and much more, much more moving, much more—perhaps, partly, because I am in the industry, I have absolutely no problem in differentiating between the reality and the fact that it is a movie. This is not a problem I have.

As to the effect on others, I think, we exercise choice, what we would allow our children to see, what we choose to see ourselves—it is a very simple answer: You pay $7, or you do not.

I think the same choice, that we have the right to exercise, that women need for all of their lifemaking purposes.

Senator SPECTER. Ms. Maves, let us conclude with a question to you about the range of what family Planned Parenthood does.

The legal prescription is that none of the funds for family planning may be used for abortion. And I think it is widely misunderstood, the extent of the health services that family planning provides.

I would be interested in your experience, you have had a lot of it in a big geographical area, over a substantial period of time, focusing on matters like prenatal care, and what the direct health benefits are as to family planning, aside from the issue of prevention of pregnancies.

Ms. MAVES. I guess, are you asking about all of the related kinds of services that happen kind of as a result?

Senator SPECTER. Yes.

Ms. MAVES. You know, I think the biggest thing, and one of the reasons that we have been able to be successful on such a broad range is because we have so many volunteers at Planned Parenthood.

I think we have so many people that are on committees at all our different locations, and they know what kind of services are available.

I think of something that just happened last week, where one of our volunteers said, do you know about the extension service nutrition program called something food and nutrition education program, and that there are people who will go into someone's home that does not know how to choose the right food, and how to buy groceries, and will go into their home.

And, in fact, we have arranged this, for someone to go into our AFDC client's homes weekly, and to work on this. This happened, because of a volunteer.

I think of something else that has happened recently, where volunteers know, for instance, that their study group at their church might raise money, and they did that—that happened, that we found a study group who had raised money for educational toys, that our mentor mothers are giving the babies that they are going to visit, and trying to help.

I think our volunteers know when there is a job opening coming up in a place that they work, and they can alert our staff when we have someone who we know needs employment, and particularly with the impact program that we are working with.

I think the reason that our program, working with the prenatal patients in encouraging education, and our life skills are successful, because there are people in the community who can bring their own personal experiences in this way, and are willing to come and help someone who has less knowledge and less ability to plan their life.

I want to show you Diana—do you have this brochure yet? I think it is up there for you to have. Anyway, I want to show you Diana, who is this girl right here, if you can see it. Diana is one of our impact clients. I want to tell you how our clinic helped her.

She actually was a patient in the clinic. We suggested she get into the impact program. Diana was a pretty desolate kind of person, and she did not have a very good attitude. She did not want to even be in the program.

The welfare department told her that she needed to be, and, in fact, if she did not stay in the program, they would sanction her, and take part of her welfare money away. So she stayed in the program, but she did not like it too much, but she had to be there.

As she went through the program, she kind of bought into it, but Diana has had several job interviews that did not turn out, and one of the reasons that I know one of them did not turn out is the personnel person who interviewed her said that she was on welfare, but not only that, she lived in the public housing area, where there was a lot of drugs and a lot of crime, and the fact that they thought that would not be good to have her there, she probably would not do a good job anyway, so she did not get that particular job.

Well, the Chamber of Commerce took a chance on her, but Diana had purple hair, and the job that was open at the Chamber of Commerce was the receptionist, and they said, you know, "We cannot take Diana with her purple hair, so if you can do something about her purple hair" so we went to her and she said, "Oh, I suppose you have a beautician in your back pocket."

And we said, "Well, as a matter of fact, we have an appointment at 9 tomorrow morning."

It took us 3 hours, but we got rid of the purple hair, and she went to her appointment for this job at 1 o'clock, and she was hired.

The change that has taken place in that woman, because of all the people who are helping her—one of the persons who helped her is this woman, whose picture is here, who is the Altrusa woman, who helped her get clothes for her interview, who continues to help her get clothes that Altrusans are no longer using, to be able to keep this job.

The people at the chamber said they love her. They call her Princess Diana.

So I think that the clinic was the launching pad for these broader issues. I think Congress needs to get a lesson from all of this. Do you want me to tell you what it is?

Senator SPECTER. That is why we are all here. [Laughter.]

Ms. MAVES. I think that you should not exclude or reduce funds to nonprofit organizations. I think you should seek out these groups, because this is where volunteers are congregating in this country, and this is where their visions and their energy will bring all of the parts of the community together, so that, in fact, we can solve this very huge problem that we have of teen pregnancy, and certainly, I mean do not take away birth control from teens and poor women.

CONCLUSION OF HEARING

Senator SPECTER. Well, we thank you very much for coming. This was a very, very important subject, and, obviously, there are a great many more issues that we could talk about at greater length.

I am sorry we have to conclude at this point, but the subcommittee and the full committee, and the Senate, does very much appreciate your being here.

Mrs. Yoest, Dr. Eisenberg, Ms. Turner, Ms. Maves, and Ms. DeSarno, thank you.

[Whereupon, at 12:05 p.m., Thursday, August 10, the hearing was concluded, and the subcommittee was recessed, to reconvene subject to the call of the Chair.]

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22-628 (66)

ISBN 0-16-052525-X